FOIA Data Base - The Law Office of Jeffrey Downey Serving clients in Washington D.C., Virginia and Maryland

If you have been injured in a nursing home or assisted living facility, call the law office of Jeffrey J. Downey for a free consultation.

Phone: 703-564-7318; 703-5645-7318

email: jdowney@jeffdowney.com

Web: www.jeffdowney.com

Heatherwood Retirement Community

9642 Burke Lake Road
Burke, VA 22015

Facility Characteristics:

Assisted Living Facility with over 100 beds

Legal Business Name – Heatherwood Independent & Assisted Living Community
Website: https://www.rui.net/heatherwood

As of August 2017, 2020 Heatherwood Retirement Community license from the Virginia Department of Social Services has expired.

Researching Nursing Homes

A note by attorney Jeffrey J. Downey:

Thank you for visiting my website. Anyone who is considering the admission of a loved one into a nursing home should undertake a review of surveys or other data that will provide a snapshot of some of the issues or problems that the facility is experiencing. Keep in mind that this information can be limited and may not reflect the actual condition of the facility when your loved one is admitted. You should consider personal visits of any facility you are evaluating.

The Virginia Department of Social Services inspects assisted living facilities including Heatherwood Retirement Community. Periodically they do inspections as complaint surveys which should be public record. State law requires that all nursing facilities obtain a license to operate in Virginia. In Virginia, nursing facilities and inspected every two years under the state licensure and on an average of 12 months under Medicare/Medicaid certification. When the Virginia Office of Licensure and Certification (OLC) conducts inspections and investigations in response to complaints received from the public, the identity of the complainant and the identity of any patient who is the subject of the complaint, or identified therein, shall be treated as confidential and shall not be open to inspection by members of the public. Nothing contained herein shall prevent the OLC or its employees from making reports under §63.2- 1603 et. seq.

of the Code of Virginia. (Ref. §32.1- 127.1:03 of the Code of Virginia) You can register a complaint by mailing to Virginia Department of Health, Office of Licensure and Certification, Virginia Department of Health, 9960 Maryland Drive, Suite 401, Henrico, VA 23233-1463 or via email at OLC-Complaints@vdh.virginia.gov or Fax to (804) 527-4503.

For Assisted Living Facilities in the Virginia, you may call directly or send in a complain online at https://www.dss.virginia.gov/about/email_licensing_complaint.cgi. There is a 24-hour number at (888) 832-3858 to report abuse of an elderly person.

Having already researched Heatherwood Retirement Community and obtained FOIA responses, I am posting these statements of deficiencies here, in a searchable format. Keep in mind that these surveys have been altered during the conversion process and you should update your search results.

I am interested in any additional information you may have on this facility. Please call me with any question about this or any other facility you may be interested in searching or prosecuting civilly for patient neglect or abuse.

Disclaimer: Information is built using data sources published by Centers for Medicare & Medicaid Services (CMS) under Freedom of Information Act (FOIA). The information disclosed on the NPI Registry are FOIA-disclosable and are required to be disclosed under the FOIA and the FOIA amendments to the FOIA. There is no way to 'opt out' or 'suppress' the NPPES record data for health care providers with active NPIs. Some documents may not be accurately copied or some results may have changed upon appeal, which may not be noted here.

I am interested in any additional information you may have on this facility. Please call me with any question about this or any other facility you may be interested in searching or prosecuting civilly for patient neglect or abuse.

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DIVISION OF LICENSING PROGRAMS
FAIRFAX AREA OFFICE
3701 PI:NDER DRIVE, SUITE 450
FAIRFAX, VIRGINIA 22030
703-934•1505
http://www.dss.vlrg1n1a.gov

D.EPARTI\1ENT **OF** SOCIAL SERVICES

July 21, 2020

Bryan Lamartin, Administrator
Heatherwood Independent and Assisted Living
9642 Burke Lake Road
Burke, VA 22015

Dear Mr. Lamartin,

This is to notify you that your current license to operate a facility or day program will expire on August 17, 2020 and we have yet to receive your application to renew the license. If you intend to continue as a licensed provider, you must submit a complete renewal application to this office prior to your license expiration date. In order to be considered complete, your application must include the following: I) the completed renewal application form (available at: w,.vw.dss.virginia.gov/faci1ity/alf.cgi), 2) all required attachments, 3) the annual portion of the licensing application fee, and 4) any outstanding civil penalties assessed in a case decision (if applicable).

Please note that the following will apply if you neglect to submit your renewal application prior to the expiration of your current license; 1) It is illegal to operate the facility in a manner subject to licensure without a valid license; 2) each day such operations continue from the day the license expires the licensee shall be considered guilty of a Class 1 misdemeanor(§ 63.2-1712); and 3) in order to obtain a new license the licensee must submit an initial (instead of a renewal) application and new background checks will be required.

If you do intent to renew your license, please submit your application as soon as possible so that we may have adequate time to assess your materials and consider you for renewed liccnsure. Please contact me at (703) 431-4247 if you have any questions on this matter.

Sincerely,

!%wH f

Marshall Massenberg
Licensing Representative

BK 00105 1007 8/29/2017 10:23:27

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of V1rgm1a

This 1s to certify that the below named person, partnersh1p, lim1ted liability company or corporation intends to conduct or transact business under an **assumed** or fictitious name in the (J City (•] County of ..... .if. .....

1. The ASSUMED OR FICTITIOUS NAME of business
   .... .9... .l.'. !! !' . . ! . ! !!!.s. !!! !!1... .. ..
2. The above business is owned by the following entity lfPe:
   [ ] SOLE PROPRIETORSHIP (Complete A below)[•] PARTNERSHIP (Complete B below)
   [ ] LIMITED LIABILITY COMPANY {Complete C below) [ ] CORPORATION (Complete C below).

A. NAME OF OWNER,.....

RESIDENCE ADDRESS .....

POST OFFICE ADDRESS .....

B. NAME OF PARTNERSHIP ..... - !1 . . ,1. ! rJ. !! .f. ! .!P.....

OFFICE ADDRESS ....t?.!.!.. .f. !'!= . . .! :: ....Y. . 1 .l. .....

POST OFFICE ADDRESS .....}?:. . ?. .'?. i.Y. .! . .!.....

(1) Is this a general partnership?[•] NO [ ] YES, lf YES, complete the Statement of Partners on **Page** Two of Two.

(2) Is this a domestic limited partnership? [ ] NO [•] YES. If YES, a certified copy of this certificate must be filed *with* lhe State Corporation Comnussion. Va. Code 59.1-70.

(3) Is thrs a foreign limned partnership? [•) NO [J YES. If YES, indicate the date of the certificate of registration to transact bu!ii1ness in the Commonwealth of Virginia 1s.,;ued by the State Corporation Commission: .....,.....

A certified copy of this certificate must be filed with lhe State Corporation Commission. Va. Code§ 59.1-70.

C. NAME OF [} CORPORATION [ ] LIMITED LIABILITY COMPANY
.....lli·1·0··0·1l·..··1:·0·4·5··.·····.....

OFFICE ADDRESS .....1..f.....:.....

POST OFFICE ADDRESS .....

()) A corporation or limited liabihty company must file a certified copy ofth1s certificate with the Stale Coiporation Comm1ss1on. Va. Code§ S9.1-70.

(2) Is this a foreign corporation or a foreign limited hab1hty company?·[J NO[J YES. If YES, indicare the date'of the certificate of authority/registration to transact husine!IS m the Commonwealth of Virginia issued by the State Corporation Commission: .....,.....

ACKNOWLEDGMENT

l certify that the foregoing 1s tme and correct to the best ofmy knowledge and belief.

Sole Prapne1orsh1p .....
So\Ml:O1'O\\Nl·R

SIGNATURE OF O\\•NER

Partnership .....,,..... £ !!! !.Y. . !!!! !. .....,..,
N-\ME Of OENERAL P•\RTNFR

Sla!olATIMI! Ofitil!:O:tiRAL PARn-;ER

Corporation ..... By: 'William R. Fralin, <\\ [illegible]
N o\ME OF PRESIDENT

SIONAn:RE OF PRESI

Limited Liabitty Company .....
N6<MEOFMEMBER/M,._\UER

SICiNATURE OF MEMBEW l'tAOER

[l Ciry ... a u. ... J.Y,llk i ... E

Subscribed and acknowledged bc,fore me ; this J.U.7..!.. day of ..... JJ..!,\.\J.....,..,..c:zJre,;;

by .lV.h.lt!:L....l.T.r . . .,...{.,.".r.:n:c.. r.or>.:\½-..cu..r.t 'r.u'Jt.nJ. ½7-...v..l.l. .m.,:t. ,, ,a£. " ,;,'

MMI:

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CLERK/DEPUTY CLERK NOTARY PUBLIC

My comm1ss1on expires FEBRUARY 28, 2018

Registration No. 276850

CLERK'S Office

Filed in the Clerks' Office of the ..... Circ1.1it Courton .....

..... Clerk by ----------+-- JOHN T. FREY, CLERK, Deputy Clerk

COPY TESTE: JOHN T. FREY, CLERK BY: Deputy Clerk

FORM C"C"•I050 IM.\STER, Po\GE O E Of T\\OJ OS 08 \'A C'ODE UO l.(i'il

08/29/2017 - 7.°,_,AIICO VA TDTl:ll- '3'. 7..,.....

Oate: 8/29/17

::>rlofnal ratRln&f'1n ttie0 e of chfl Clorl\ot ma Clrou\t Court of

2847 Penn Forest Boulevard, Suite 201
Roanoke, Virginia 24018

#Retirement Unlimited

September 27, 2017

State Corporation Commission
1300 E. Main Street
PO Box 1197
Richmond, VA 23209

Re: Heatherwood Independent & Assisted Living Community - Fictitious Name

Dear Sir or Madam:

In accordance with Virginia Code§ 59.1-70, enclosed for filing on behalf of Burke Retirement Center Limited Partnership, is a copy of a Certificate of Transacting Business Under an Assumed Name, duly attested by the Clerk of Court for the County of Fairfax, Virginia.

Also included is our company check in the amount of $10.00 representing the required filing fee, along with a self-addressed, stamped envelope for your use in returning certification of this filing.

Thank you for your assistance in this regard.

Very truly yours,

RETIREMENT UNLIMITED, INC.

CA66

Cynthia M. Graves
Senior Legal Assistant

hmp
Enclosures

[redacted]

2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID; 02561801
Fliing Number: 200403520998
Fllng Datemme: 04/03/2020 12:14 PM
Effective Datemme: 04/03/2020 12:14 PM

1. CORPORATION NAME:
Retirement Unlimited, Inc.

DUE DATE: **06/31/20**

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR
QUINN F GRAEFF
2917 PENN FOREST BLVD SW
ROANOKE, VA 24018-0000

sec ID NO.: **0256180-1**

5. TOTAL NUMBER OF AUTHORIZED SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
161-ROANOKE

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Marl< lhis box if address shown below is correct	11 lhe block 10 lhe felt is blank or contains incorrect dala please add or correct lhe address below.
ADDRESS: 2847 PENN FOREST BLVD STE 201	ADDRESS:
CITY/ST/ZIP ROANOKE, VA 24018-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS: AH directors and principal officers must be listed
An individual may be designated as both a director and an officer.

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Marl< appropriate box unless **area below** Is blanll O lnlOll118tion is corred ormation 1s incorrect O Delele lnlormation	11 lhe block to lhe lefl 111 blank or conlains incorrect data. please mark appropriate box and enter lnlorma Uon below ft7COrrectioo O Addition O Replacement
OFFICER DIRECTOR ☐	OFFICER ti'DIRECTOR ☐
NAME: DORRIS-ELLIE SULLIVAN	NAME: DORIS-ELLIE SULLIVAN
TITLE: VPITREASURER	TITLE: PRESIDENT/TREASURER
ADDRESS: **2847** PENN FOREST BLVD., STE 201	ADDRESS: 2847 PENN FOREST BLVD.; STE 201
CITY/ST/ZIP: ROANOKE, VA 24018-0000	CITY/ST/ZIP: ROANOKE, VA 24018

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

W,\\.\tlfA .fr"-\i", r.,CcO
PRINTED **NAME AND** CORPORATE TITLE

J/»/,Ito
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false In any material respect with intent that the document be delivered to the Commission for filing

2020 ANNUAL REPORT CONTINUED

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02561801
Fliing Number: 200403520998
.Flllng.l)IWlfflllv,jt: 04103/2020 12:14 PM
-EffeMH:I\M,tlme:0410312020 12:14 PM

CORPORATION NAME:
Retirement Unlimited, Inc.

DUE DAT
sec 10 N **0256180·1**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be fisted.
An individual may be designated as both a director and an officer.

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OFFICER lii DIRECTOR [XI NAME: WH FRALIN TITLE: VP/CO-CHAIR ADDRESS: PO BOX 29600 CITY/ST/ZIP: ROANOKE, VA 24018-0000	OFFICER O DIRECTOR 0 NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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OFFICER IXI DIRECTOR ☐ **NAME:** QUINN F. GRAEFF TITLE: SECRET/GEN COUN ADDRESS: P.O. BOXX 29600 CITY/ST/ZIP: ROANOKE, VA 24018-0000	OFFICER ☐ DIRECTOR 0 NAME: TITLE: ADDRESS: CITY/ST/ZIP:
rk appropriate box unless **area below** is **blank**: *Fi/* Inlormatlon is correct D Inlonnalion is incorr8cl O Delete information	II the block to the le11iS blank or contains incorrect data. please mark eppl'opriale box and enter Information be low D Correction D Addition O Replacement
OFFICER lii DIRECTOR (I NAME: WILLIAM H. FRALIN, JR. TITLE: C.E.O. ADDRESS: P.0. BOX 29600 CITY/ST/ZIP: ROANOKE, VA 24018-0000	OFFICER O DIRECTOR 0 NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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OFFICER ☐ DIRECTOR 0 NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER f1'" DIRECTOR *ltY* NAME: KAREN H. WALDRON TITLE: VP /CO-CHAIR ADDRESS: p .O. BOX 29600 CITY/ST/ZIP: ROANOKE, VA 24018

a:112250

VIRGINIA DEPARTMENT OF SOOAL SEAVIC!S

DIVISION OF LICENSING PROGRAMS

VIOLATION NOTICE

Facility Name /Number: Heatherwood Independent and Assisted living 671381

Inspection Date: 06/17/2019

08A:

fnspect. Type: M • Monitoring

UNM Unannounced Non-Mandated

STANOARD NUMBER	DESCRIPTION Of VIOlATION	PLAN Of CORRECTION	DATE TOBE CORRECTED
22VAC40-73·(6)-680-D	Based on documentation and observation, the facility failed to ensure, that medications are administered in accordance with the physician's or other prescriber's instructions and consistent with the standards of practice outllned In the current registered medic:at!on aide curriculum approved by the Virginia Board of Nursing. Evidence: Resident #l 's morning medication was observed during the lnspe<tlon. On 6/l 7, Resident #1's medication was placed in a pill cup and the meditation packages were returned to the medication cart. Before the medication wa'> given to Resident #1, the licensln y Inspector asked about the resident's Mecdicine. The Medicine had expired, as the expiration date on the bottle was 6/16/19.	Medication cart inventory audits will continue weekly by a licensed nurse and quarterly audits will continue by pharmacy. Audit results will be reviewed by the Wellness Director or Assistant Wellness Director. Any medications that have expired or will be expiring within a week will be flagged and addressed according to policy. Additional training will be provided to licensed nursing staff and medication aides on ensuring ell medications that expire are discarded and reordered.	711/19
22VAC40•73-l6)·680·1	Based on documentation, the facility failed to ensure that the medication administration record (MAR) Includes the correct medication strength. Evidence: The **MAR,** for Resident #2, included Actonel 35mg (ordered 2/19/19). A phy5lcian's *order,* dated 2/2S/19, changed the strength of Residern #2s Actonel to 30mg. The change, to Actone130mg was not reflected on the MAR.	iweel<Ty chart aud'rts wilfbe conducted alicensed nurse to ensure medication ordersmatch the current medication suplied *in* medication cart/room. Any discrepancies will be immediately addressed and clarified with the orderinq physician and pharmacy. Training will provided to licensed nursing staff on documentaton of new or changed medication orders per company policy.	111119

Compliance with all applicable regulations and law shall be mainlame<I and any areas *of* noncompliance must be corrected

Within 15 calendar days of your receipt of the inspection findings (1nspeci1on summary, vlolallon notice, and supplemental information), you may request a reView and d,icuss1on of these findings wlth the Inspector's immediate supervisor. To make a request for revlaw and discussion, you muat contact the licensing supeMsor at the regional licensing office that serves your geographical area

Regardless of whether a supervisory review has been requested. the results of the inspection will be posted to the OSS public website within 5 business days of your receipt of the Inspection Summary and Ior Violation Notice.

~~The department's Inspection findings are subject to~~ public disclosure

Inspector Signature: Massen=r9 faa35322

epresenta,ve Signature

Inspector Name: Massenberg M arshal

Fadlity/Program epresenta Ve: a rtin

Date

Date

VIRGINIA DEPARTMENT OF SOCIAL SE J ES ION OFLICENSING PROGRAMS

INSPECTION SUMMARY

Facility Name /Number Heatherwood Independent and Assisted living 671381 Inspection Date 06/17/2019

OBA Inspection End Date 06/17/2019

Inspect. Type: M - Monitoring UNM-Unannounced Non-Mandated

Areas of Standards Reviewed:

0 22VAC40-73-(1) GEN ERA L PROVISIONS
0 22VAC40-73-(2} ADMINISTRATION AND ADMINI STRA TIVI
0 22VAC40-73 -(3) PERSONNEL
0 22VAC40-73-(4) STAFFING AND SUPERVISION
0 22VAC40-73 -(S) ADMISSION, RETENTION, AND DISCHAR<
IZ] 22VAC40-73-(6) RESID ENT CARE AND RELATED SERVICES
0 22VAC40-73-(7} RESIDENTACCOMODATIONS AND RELA
0 22VAC40-73-{8) BUILDING AND GROUNDS
0 22VAC40-73-(9) EMERGENCY PREPAREDNESS
0 22VAC40-73-(10) ADDITIONAL REQUIREMENT S FOR FACI

Article 1
Subjectivity

D 32.1-(37) Reported by persons other than physicians
D 63.2- (1) General Provision s.
D 63.2-(16) Protection of adults and reporting.
D 63.2-(17) licensure and Registration Procedures
D 63.2-(18) Facilities and Programs..
D 22VAC40-90-(BC1)Background Checks for Assist ed living Facilities
O 2 2VAC40-90-(BC2) The Sworn Statement or Affirmtion
D 22VAC40-90 -{BC3) The Criminal History Record Report
☐ 22VAC40-80-(G3) THE LICENSE.
0 22VAC40-80-(G4) THE LICENSING PROCESS.
☐ 22VAC40-80 -(G8) SANCTIONS.

Technical Assistance Provided:

Comments/Discussion:

An unannounced focused monitoring Inspection was conducted on 6/17/19 to follow-up on a high-risk violation that was ci t ed on 4/22/ 19. Medication administration was observed and physician orders were reviewed. Violations were discussed and an exit meeting was held. Areas of non-compliance are identified on the violation notice. Please complete the 'plan of correction' and 'date to be corrected' for each violation cited on the violation notice and return to the licensing office within 10calendar days. Please specify how the deficient practice will be or has been corrected. Just writing the word 'corrected' is not acceptable. The 'plan of correction' must contain: 1) Steps to correct the non-compliance with the standards , 2) Measures to prevent the non-compliance from occurring again, and 3) Person responsible for implementing each step and/or monitoring any preventative measures. Thank you for your cooperation and if you have any questions, please contact me via e·rnail at m.massenberg@dss .virginia.gov.

Violation Notice Issued: Yes

By signature the facility representative acknowledges that the inspector reviewed all information found on the Inspection Summary, including areas of standards reviewed, date(s) and time{s) of inspection, technical assistance provided and the comments/discussion section.

Inspector Signature: Massenberg Marshall faa35322 Representative Signature:

licensing Representative: as sen berg, Marshall G Facility Representative: Bryan Lamartin

Date: 106/ 24/20 19 Date:

032-05-035 (11/99)

la C)

VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION

Name of Facility: Hea...+hO"'a-:lC.,

Date: wj.rL/J.i

Start Time: 8:0SeM End Time: 10; 3O1/t(

D Inspection Attempted Time:_____

pection findings were reviewed on this date.

Type of Inspection: D New/Initial ☐Renewal [31vlonitoring ☐Complaint D Training/Consultation ☐Other

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at least the following areas of the licensing standards. **(NOTE:** Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional violations)

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Comments:

O.D, t4{ - (og"O,Z:

If a monitoring inspection was conducted, this document must be posted until receipt of the complete inspection documentation.

It i71tual agreement that the inspection documentation will be sent by the method checked below:

B Email D Fax D Mail: (Please specify) _____

1 d: ==sen-a-iv-e-a-e FacWtyRepresenl a e ===:::::i= =k /::J- ;!1

OOLP maintains original Copy to Facility Representative

032-05-0981-02-enJ (10 16)

VDSS BULLETINS AND CLOSURES QJ VDSSCOVID-19 Resources 0 DSS Closures
Agencies | Governor Search Virglnla.Gov
VIRGINIA DEPARTMENT or SOCIAL SERVI CES {ef,h
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Search for an Assisted Living Facility

fRetur n to Search Results | New S ,a ch |

Heatherwood Independent and Assisted Living
9642 Burke Lake Road
Burke, VA 22015
(703) 425-1698

Current Inspector: Marshall G Massenberg (703) 431-4247

Inspection Date: April 22, 2019

Complaint Related: No

Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS
22VAC40-73 ADMIN STRATION ANO ADMINISTRATIVE SERVICES
22VAC40-73 PERSONNEL
22VAC40-73 STAFFING AND SUPERVISION
22VAC40-73 ADM SSION RETENT ION, AND DISCHARGE OF RESIDENTS
22VAC40-73 RESIDENTCARE AND RELATED SERVICES
22VAC40-73 RESIDENT ACCOM ODATIONS ANO RELATED PROVISIONS
22VAC40-73 BUILDING AND GROUNDS
22VAC40-73 EMERGENCY PREPAREDNESS
63 2 General Provis ons.
63 2 Protection of adults and report ng
63 2 Llcensure and Registration Procedures
63 2 Facil es and Programs
22VAC40-90 Background Checks for Assisted Living Faciities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Criminal History Record Report
22VAC40-80 THE LICENSE

Comment s:

An unannounced renewal inspection was conducted on 4/22/19 (7·50 AM• 6·00 PM) At the time of entrance, 114 residents were in care Meals, med catiO!l admin stration and activities were observed Building and grounds were inspected and records were reviewed. The sample s ze cons·sted of 10 resident records and fve staff records V1olat1ons were discussed and an exit meeting was held. Violations were disc::;.vssed and an exit meeting was held. Areas of non-compliance are identified on the violation notice. Please complete the 'plan of correction' and 'date to be corrected' for each v1olat1on cited on the violation notice and return to the licensing office withn 10 calendar days Please specify how the deficient practice wil be or has been corrected Just writing the word corrected' is not acceptable The 'plan of correction' must contain· 1) Steps to correct the non-compliance with the standards, 2) Measures to prevent the non-compliance from occurring again and 3) Person responsible for implementing each step and/or monitoring any preventative measures. Thank. you for your cooperation and 1fyou have any questions, please contact me ·va e-mail at m massenberg@dss.vngnia.gov

Violations:

Standard #. 22VAC40-73-50-B

Description Based on record review. the facility fa led to ensure that the written acknowledgment of the receipt of the disclosure document is retained *1n* lhe resident record. Evidence. The written acknowledgment. of the receipt of the disclosure document, was not present in 3 out ot 6 resident records (Residents#3, 7, and 8).

Plan of Correction: All resident files were auditedto ensure that a written acknowledgement of disclosure document is In place. All future resident admission files will be reviewed by the Community Relations Director and/or Executive Director to ensure acknowledgement of disclosure document is present.

Standard #: 22VAC40-73-70-C

D escription: Based on record review, the facility failed to ensure that a written report of each serious incident is reported to the regional liccensing office within seven days from the date of the incident. Evidence: Resident #S's record was reviewed during the inspection. A note in Resident #S's record, stated that 1he resident was observed lo have a stage II pressure injury on

3/28/19. On 4/2119, Resident #8 fell and sustained an *injury* to he< forehead The resident was then transported to the hospital. No reports were made to the licensing office, regarding these incidents .

Plan of Correction: The Executive Director and the Welness Director will provide additional training to all nursing staff instructing the team to notify the Executive Director and Weness D1tector of all potential reportable incidents. The Executive Director or designee will notify DSS according to standard 22-VAC 40-73-70 as needed.

Standard #: 22VAC40 -73-680-D

Description: Based on record review, the facility failed to ensure that medications are administered in accordance with the physician's instructions and consistent with the standards of practice outlined in the current registered medication aide curriculum approved by the Virginia Board of Nursing. Evidence: A note in the record for Resident #1 stated that, on 11/3/18. the resident was given Resident #11's Omeprazole. ordered 10/28118. No order for Omepra:i:ole was found in the record for Resident #1 The UAls for Resident #1 (10/16118) and Resident#11 (10/16118) state that the residents need their medications to be administered by facility staff.

Plan of Correc.tiOn: 1. Medication error policy was followed after medication error occurred. Heatherwood Wellness Director **will** provide all RN, LPN and medication technicians with training regarding accurate and proper medication administration procedures. Date to be corrected - 6/1119.

Standard #: 22VAC40-73-680·M

Description: Based on observation and record review. the facility failed to ensure that **PRN** medications are available and properly stored at the facirty. Evidence: PRN Zofran and Cyclobenzaprine, ordered for Resident #12, were not present at the time of the medication cart inspection. No orders discontinuing the medications were found in the resident record.

f'lan Of Correction: MAR to cart audits will be comp'eted weekly by a rcensed nurse and quarterly medication cart audits by pharmacy will continue. **These** audits will be rev ewed by the Wellness Director or Assistant Wellness Director. Any medications not available will be ordered immedately from the pharmacy .

Disclaimer:
A *compliance history is in no way a rating for a facility++*

The online compliance history includes only information after July 1, 2003. In addition, the online compliance history includes infonnalion regarding adverse actions that may be the subject of a pending appeal. An adverse action is not final until a provider has exha11sled or waived all due process rights. For compliance history prior to J11ly 1 , 2003, or information regarding the status of pending adverse actions, please contact the Licensing Inspector listed m the facility's information The Virginia Department of Social Services (VOSS) is not responsible for any errors in or omissions from thecompliance history information

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Richmond, VA 23219

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Search for an Assisted Living Facility

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Heatherwood Independent and Assisted Living
9642 Burke Lake Road
Burke,VA 22015
(703) 425-1696

Curr ent Inspector: Marshall G Massenberg (703) 431-4247

Insp ecti on **Date:** July 27, 2018

Complaint Related: No

Areas Reviewed:

22VAC40-73 RESIDENT CARE AND RELATED SERVICES

Comments:

An unannounced focused monitoring inspection was conducted on 7/27/18 (12 45 PM• 1.45 PM) to follow-up on a high-risk violation that was cited on 4/6/18. Building and grounds were inspected Resident records were observed and physician orders were reviewed No violations were cited during the inspection and an exit meeting was held Thank you for your cooperation and if you have any questions please contact me at m massenberg@dss1ir giniagov

Disclaimer:
A compliance history is in no way a rating for a facility++.

The online compliance history includes only information after July 1, 2003. In addition the online compliance history includes information regarding adverse actions that may be the subject of a pending appeal. An adverse action is not final until a provider has exhausted or waived all due process rights For compliance history prior to July 1, 2003, or information regarding the status of pending adverse actions, please contact the Licensing Inspector listed in the facility's information. The Virginia Department of Social Services (VOSS) is not responsible for any errors in or omissions from the compliance history information

Expenses CommonHelp Mission & Strategic Plan Org Chart Civil Rights Policy & Procedures

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES

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Search for an Assisted Living Facility

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Heat herwood Independent and Assisted Living
9642 Burke Lake Road
Burke, VA 22015
(703) 425-1698

Current Inspector: Marshall G Massenberg (703) 431-4247

Inspection Date: Apnl 5 2016 and April 6, 2018

Complaint Related: No

Areas Reviewed:

22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 PERSONNEL
22VAC40-73 STAFFING AND SUPERVISION
22VAC40-73 ADMISSION, RETENTION AND DISCHARGE OF RESIDENTS
22VAC40-73 RESIDENT CARE ANO Related SERVICES
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS
22VAC40-73 BUILDING AND GROUNDS
22VAC40-73 EMERGENCY PREPAREDNESS
63.2 General Prov signs
63 2 Protect on of adults and reporting.
63.2 Licensure and Reg1strafon Procedures
63.2 Facijties and Programss .
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Criminal H story Record Report
22VAC40-80 THE LICENS E.

Technical **Assistance:**

Facility documents were discussed with the provider

Comments:

An unannoU11ced monitoring inspection was in,tated on 4/5t18 (8 00 AM • 6:15 PM) and continued on 4/6/18 (8 40 AM - 2 30 PM). using a team approach At the t me of entrance. 109 res dents were in care Meals, medication administration and activ1t1es were observed. Interviews were completed Building and grounds were inspected and records were reviewed The sample size consisted of 10 resident records and five staff records Facility documents were reviewed Violations were discussed and an exit meeting was held. Areas of non compliance are identified on the violation notice Please complete the 'plan of correct, on' and 'date to be corrected' for each violation cited on the violation notice and return to the licensing office within 10 calendar days Please specify how the deficient practice will be or has been corrected. Just writing the word 'corrected' is not acceptable. The 'plan of correction' must contain. 1) Steps to correct the non-compt1ance with the standards, 2) Measures to prevent the non-compliance from occurring again, and 3) Person responsible for implementing *each* step and/0< monitoring any preventative measures. Thank you for your cooperation and if you have any questions, please contact me via e-mail at m massenberg@ds.svirginiagov

Violations:

Standard# 22VAC4D-73-250-D

Descriptioo Based on record review, the facility failed to ensure that each staff person annually submits the results of a tuberculosis risk assessment. Evidence The most recent tuberculosis risk assessment for Staff #4 dated 3/20/18, was incomplete The findings of the risk assessment were not documented on the form. No tuberculosis risk assessment completed within the past year, was found in the record for Staff #4

Plan of Correction. Effective immediately, alt annual employee TB risk assessments will be recorded on new screening form All forms will be reviewed by the Wellness Director or the Assistant Wellness Director upon completion and prior to filing All nursing staff will be trained on how to properly complete the TB risk assessment form

Standard #. 22VAC40-73-260-C

Description. Based on observation and interview, the facility fa[illegible] to ensure that a listing of an staff who have current certification in first aid or CPR, is posted m the facility so that the information Is readily available to all staff at all times. The listing must indicate by staff person whether the certficabon 1s in first iaid or CPR or both and must be kept up to date. Evidence: Dunng the inspection, the licensing inspector asked for the location of the posted staff listing with First Aid/CPR certifications. Facility staff reported that the information 1s kept in the business manager's office. The office is not open to all staff at all times.

Plan of Correction Effective immediately the list of cert1fied first aid and CPR w II be posted at the nurses station and stored in the concierge binder at the front desk.

Standard#: 22VAC40-73-290-B

Description· Based on observation and intervew the facility failed to implement a procedure for posting the name of the current on-s te person in charge Evidence Upon arrival at the facility on 4/5/18, the licensing inspector requested to speak with the on-site person in charge. The location of the facilities posting of the name of the on-site person in charge, was also requested. Facility staff reported that the name of the on-site person In charge was not posted, at the time of the request.

Plan of CorrecUon: Effective Immediately, the on-S'te person In charge wil be posted at the front desk of the building. Concierge staff will update accord *ngly.*

Standard#· 22VAC40-73-320-B

Description Based on record review the facility failed, ed to ensure that a isk assessment *f0<* tuberculosis is completed annually on each resident Evidence The most recent tuberculosis risk assessment for Resident #4, dated 6/13/17, was incomplete. The findings of the risk assessment were not documented on the form No tuberculosis risk assessment, completed within the past year, was found in the record for Resident #4.

Plan of Correction: Effective immediately, all annual resident TB risk assessments w I be recorded on new screening form. All forms will be reviewed by the Wellness Director or the Assistant Wellness Director upon completion and prior to filing. All nursing staff will be trained on how to properly complete the TB risk assessment form

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Standard# 22VAC40-73-450-C

Description- Based upon record review, the facility failed to ensure that the comprehensive individualized service plan (!§E} is based upon the uniform assessment instrument (!,!fill and other sources Evidence: The UAI for Resident #1, revised 2/22/18, states that the resident needs physical assistance for dressing The ISP for Resident #1, dated 2122/18, does not address the resident's need for assistance with dressing. The UAI for Resident #3, dated 4/15/17. states that the resident needs only mechanical assistance for mobility. The ISP for Resident #3, dated 4/15/17, calls for staff to supervise the resident's use of an assistive device for mobility outside of apartment. The ISP indicates that the resident needs mechanical assistance and staff supervision for mobility. 8ed rails were observed on the bed of Resident #8 The ISP for Resident #8, elated 10/24/17. does not address the resident's use of bed rails

Plan of CorreJ::tion: Effective immediately, all resident ISPs and UAIs will be audited for accuracy and completion. Wellness Director and Assistant Wellness Director will conduct audit and update according y Regular reviews that indude ISP and UAI will be conducted aMually or upon change in resident condition.

Standard#: 22VAC40-73-550-F

Description: Based on observation, the facility failed to ensure that the rights and responsibilites of residents is printed in at least **14-**point type and posted conspicuously in a public place in all assisted liv ng facilities. Evidence: Upon arrival at the facility, the rights and responsibilities of residents were not printed in at least 14-point type. The rights and responsibilities posting did not include section A-20.

et.in.OI Correction: The complete Rights and Responsibilities of the Resident document will be reprinted and posted in 14-po'nt type.

Standard#: 22VAC40-73-640-A

Description: Based on documentation. the facility failed to ensure that the med1cat1on management plan includes: Methods to ensure that medication administration records (MARs) are maintained as part of the resident's record and Methods to ensure that staff who are responsible for administering medications are adeq,1ately supervised, including periodic direct observation on of medication administration. Evidence: The facility's medication management plan was reviewed during the inspection The plan indicates that the resident record will be maintained, but the method used to ensure that the MAR will be maintained as part of the record was not described. The medication management pla11 also described a review of each resident's medication regimen by a consultant pharmacist, on-site or off-site The medication management plan did not directly describe the method that the facility would use, to ensure that staff who are responsible for administering medications are adequately supervised, Including periodic direct observation of medication administration.

Plan of Correction: The medication administration record will be added specifically to the file retention policy to indicate the MAR is included in the medication record. Effective immediately, the Wellness Director and Assistant Wellness Director w II ensure that all staff are adequately supervised. Omnicare Pharmacy will conduct quarterly direct observation of medication administration. Policy will renect timing and method of medication review.

Standard#	22VAC40•73-65 0-C
Description	Based on record review, the facility failed to ensure that physician's Ol'a orders are signed by the physician within 1O working days. Evidence: Phys1c1an's oral orders for Resident #1, dated 1/2/18 and 2/16/18, were found in the resident's record At the time of the inspect .on, the orders were not signed by the physician.
Plan of Correction:	Effective immediately the Wei ness Director and Assistant Wei ness D rector wilt review telephone orders weekly to ensure physician signatures are obtained. Training will be conducted by Wellness Director on telephone order policy and procedure w1I be conducted for all nurses recording telephone orders

Standard#	22VAC40·73-660-B
Description-	Based on observation and record review the facility failed to ensure that medication storage is limited to an out-of-sight place in the room of a resident whose Uniform Assessment Instrument (Y.81) has indicated that the resident is capable of self-administering medication The medication and any d1e1ary supplements shall be stored so that they are not accessble to other residents. Evidence: Vanous pll bottles and pills were found 1n-s1ght and unattended in the unlocked room of Resident #8 The pills and bottles were observed on the res dent's counter and table, The UAI for Resident #8, dated 10/24/17, states that the resident takes medication without staff assistance Gaviscon was observed on the table of Resident #11 The UAI for Resident #11, dated 3/2/18 , states that the resident needs staff assistance for medication administration -
Plan of Correction.	Wellness Director or Assistant Wellness Director will conduct aud ts two t,mes a month on au resident apartments who are self-manag ng med cation admin1strat1on Audits w1l consist of apartment checks to ensure all medications are stored properly

Standard#	22VAC40•73-700-2
Description	Based on observation and record rev ew, the facility failed to ensure that "No Smoking-Oxygen in Use" signs were posted in any room of **a** building where oxygen .s used. Evidence: Oxygen tanks were observed in the rooms of Resident #5 and Resident #11. The records for Res dents #5 and #11 conta ned orders for oxygen, but oxygen signs were not posted for either roo,m
Plan of Correction.	Effective 1mmed ately notifications to the CNNNurs,ng staff to check No Smoking/Oxygen n use signs will be added to the POC Alt checks will be documented 1n the POC system. We lness Director and Assistant Wellness D' rector w II review documentation monthly.

Disclaimer:

A compliance history is *in no way* a *rating for* a *facility++*

The on/ine compliance history includes only information after July 1, 2003. In addition. the online comp/ranee history includes information regarding adverse actions that may be the subject of a *pending appeal An adverse action is not final until* a *provider has exhausted or waived all due process rights. For compliance history prior to July 1, 2003 , or inf ormation regarding the status of pending adverse actions, please contact the Licensing Inspector listed In the facility's informat,on The Virg,ma Department of Social Se,v,ces (VOSS)* is *not respons rble for any errors in or omissions from the compliance history informat,on*

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Richmond. VA 23219

VIRGINIA DEPARTMENT
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VIRGINIA DEPARTMENT OF S(.,...,1AL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION

Name of Facility: t/eo,.+becwood Date: 8/?ljCf

Start Time: 8':00 End Time: /0:00,4:NI

0 Inspection Attempted Time:_____

IB!nspeclion findings were reviewed on this date.

Type of Inspection: D New/Jnitial ☐Renewal nitoring Ocompla·nt O Training/Consultation ☐Other

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at least the following areas of the licensing standards. **(NOTE :** Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional violations)

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Comments:

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If a monitoring inspection was condu cted, this document must be posted until receipt of the complete inspection documentation.

It is a mutual agreement that the inspection documentation will be sent by the method checked below:

D Email D **Fax** D **Mail: (Please specify)**

Marshall Messenger

Division of li censing Representative/Date F j.esenffitive/Date 7/ / t,,' 7 I

DOLP maintains original Copy to Facility Representative

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Search for an Assisted Living Facility

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Heatherwood Independent and Assisted Living
9642 Burke lake Road
Burke VA 22015
(703) 425-1698

Current Inspector: Marshall G Massenberg {703) 431-4247

Inspection Date: March 21, 2017

Complaint Related: No

Areas Reviewed:

22VAC40-72 GENERAL PROVISIONS
22VAC40-72ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-72 PERSONNEL
22VAC40-72 STAFFING AND SUPERVISION
22VAC40-72 ADM SSION, RETENTION AND DISCHARGE OF RESIDENTS
22VAC40-72 RESIDENT CARE AND RELATED SERVICES
22VAC40-72 RESIDENT ACCOMMODATIONS AND RELATED PROVISIONS
22VAC40-72 BUJLDINGS AND GROUNDS.
22VAC40-72 EMERGENCY PREPAREDNESS.
63.2 General Provis ans.
63 2 Protection of adults and reporting.
63 2 Licensure and Registration Procedures
63.2 Facilities and Programs..
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affrmation
22VAC40-90 The Criminal Histoiy Record Report
22VAC40-80 THE LICENSE.
22VAC40-80 THE LICENSING PROCESS.

Technical Assistance:

Background checks, resident rights and first aid certifications were discussed with the provider

Comments:

An unannounced renewal inspeclon was conducted on 3121/17 {7: 50 am• 5:15 pm) At the time of entrance , 112 residents were in care Building and ground were inspected and interviews were completed. Meals activities and med1cabon administration were observed Records were review ed. The sample size consisted of 10 resident records and five staff records. Violations were discussed and an exit meeting was held. Areas of non-compliance are identified on the v olat1on notice Please complete the 'plan of correction' and 'date to be corrected" for each violation cited on the violation noijce and return to the licensing office within 10 calendar days Please specify how the deficient pract ce will be or has been corrected Just writing the word 'corrected' Is not acceptable The 'plan of correcb on' must contain 1) Steps to correct the non-compliance with the standards, 2) Measures to prevent the non-compliance from occurring again and 3) Person responsible for implementing each step and/or monitonng any preventative measur es. Thank you for your oooperalion and If you have any questioos, please call 703-431-4247 or contact me via e-mail at M.Massenberg@dss.virginia gov

Violations:

Standard# 22VAC40- 72-440-C

Description. Based on record review, the facility railed to ensure that the individualized service plan (lfil:) reflects the resident's assessed needs. Evidence: The UAI for Resident #2, dated 1113/16, states that the resident needs supervision for dressing. The ISP for Resident #2, dated 11/3/16, indicates that the resident needs physical assistance with dressing. The lliE states that the resident can perform most dressing but needs help with lower extremities and fasteners.

Plan of Correction: Wellness director corrected UAI on 3/21/17. Wellness director and Administrator or designee will review ISPs for accuracy when they are completed

Standard #. 22VAC40-72-650 B

Descripbon: Based on observation, the facil ty failed to limit medication storage lo reS1dents permitted to keep their own med1cat1on In a secure place in h s or her room if the UAI has indicated that the res dent 1s capable of self-admin stering medication The medical on and any dietary supplements shall be stored so that they are not accessible to other residents. Evidence Miralax was found unlocked and unattended in the room of Resident #11. The uniform assessment instrument (!)lJ) for Resident #11. dated 11/30/1, 6 states that the resident needs his medication to be administered/monitored by professional nursing staff

Plan of Correction Miralax removed from apartment 3/21/17, physicianand fanTly nollfied Facility will send letter to all Assisted Living Residents explaining medications policy and procedure. Nurses **Wi**l be in-serviced to check apartments during med pass weekly

DIsclalmer:
A compliance history is *in no way* a *ratmg for a facrhty ++.*

The online compliance history includes only information after July 1, 2003 In addition. the on/me compliance history includes information regarding adverse actions that may be the subject of a pending appeal. An adverse action 1s *not final unt'1 a provider* has *exhausted or waived all due process rights For compliance history prior to July 1, 2003, or information regardmg the status of pending adverse actions, please contact the Licensing Inspeclor listed m the facility's informat1on The Virginia Department of Social* Services *(VOSS) is not responsible for any errors in or* omissions *from the compliance* h1srory *informatt0n*

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Search for an Assisted Living Facility

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Heatherw oo d Inde pendent and Assisted Living
9642 Burke Lake Road
Burke , VA 220 15
(703) 425-1698

Current Inspector: Marshall G Massenberg (703) 431-4247

Inspection Date: May 25, 2016

Complaint **Related:** No

Areas Reviewed:

22VAC40-72 GENERAL PROVISIONS
22VAC40-72 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-72 PERSONNEL
22VAC40-72 STAFFING AND SUPERVISION
22VAC40-72 ADMISSION, RETENTION AND DISCHARGE OF RESIDENTS
22.VAC40-72 RESIDENT CARE AND RELATED SERVICES
22VAC40-72 RESIDENT ACCOMMODATIONS AND RELATED PROVISIONS
22VAC40-72 BUILDINGS AND GROUNDS.
22VAC40-72 EMERGENCY PREPAREDNESS.
63 2 General Prov sions.
63.2 Protection of adults and report,ng
63 2 Licensure and Registrat,on Procedures
63.2 FaciU1es and Programs
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Crim nal History Record Report

Technica l **Assistance:**

Please monitor serv-ce plans to ensure that they are updated when resident assessments ind·cate a change in care needs. When staff members provide current cert1ficat1on of Fi•sl Aid and/or CPR, please ensure that the cert'fication 1s from a department apl)foved provder. If inned documentation is not eas ly accessible, please verify that the required information is retained in the current chart/record

Comments:

An unannounced mandated monitoring inspeclion was conducted on 5/25/16 (8:00am? 3:00pm) using a team approach At the time of entrance, 114 residents were In care Building and grounds were inspected. Meals and medication administrabon were observed. The sample size con s s ted of 10 resident records, two discharge records and five staff records. Violations were discussed and an exit meeting was held Areas of non-compliance are identified on the violation notice Please complete the 'plan of correction' and 'date to be corrected' for each violation cited on the violation notice and return to the licensing office within 10 calendar days. Please specify how the deficient practice will be or has *been* correct ed. Just writing the word 'corrected' Is not acceptable. The 'plan of correction' must C011tain : 1) Steps to correct the non-compl ance with the standards 2) Measures to prevent the non-compliance from occurring again, and 3) Person responsible for implementing each step and/or monitoring any preventative measUfes. Thank you for your cooperation and if you have any questions, please call 703-431-4247 or contact me via e-ma I at M.Massenberg@dss.virg nia gov

Violations:

Standard#	22VAC40·72-300-C
Description.	Based on record review, the facility failed to ensure lhat each direct care staff member receive certtficat10n in first aid from an approved organization and maintain current certification in first aid, unless the direct care staff member is a registered nurse or licensed practical nurse. Evidence Staff #4 and #5 have been employed for more than 60 days at the facility as Certified Nursing Assistants The records for Staff #4 and #5 did not contain documentation of current certification in f rst aid.

Plan of Correction: Each d rect care staff member will have on file, a valid first aid card in their employee file Employee #4 provided a first aid card to the DON on, ffiday, May 26, 2016 at 9·1SPM Employee #5 provided a first ad card to the *DON* on Thursday, May 25 2016 at 6 02PM A new monitoring system has been implemented

Standard#	22VAC40-72-970-B
Descnptiori	Based on documentation, the fa(:iloty tailed to ensure that all staff on each shift participate in an exercise, in which the procedures for resident emergencies are practiced. every six months. Documentation of each exercise sha' be ma ntamed 1n the faci!ity for at least two years Evidence: No documentation was providedduring the inspection to ind,cate that an exercise, to practice the procedures for resident emergencies, was completed within the past six months
Plan of Correction	A new mental health exercise has been developed for ALL staff and this new exercise will be conducted for all staff on all shifts every six months Additionally, a new medical emergency exercise has been developed and will be conducted for all staff every 6 months ,n comp! ance with the 970 reg

Disclaimer:
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VIRGINIA DEPARTMENT OF s o:) L SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION

Name of Facility: J}e.a}hec Dat e: Lf/zz/49

Start Time: 7:5b,4 r'1 End Time: Ct>:QQ(?M

0 Inspection Attempted Time:_____

pection findings were reviewed on this date.

Type of Inspection: D New/Initial newal ☐Monitoring ☐Complaint D Training/Consultation ☐Other

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at least the following areas of the licensing standards. **(NOTE:** Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional violations)

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I a monitoring Inspectjon was conducted, this document must be posted Imtil receipt of the complete inspection documentation.

It is a mutual agreement that the inspection documentation will be sent by the method checked below :

0 Email D Fax D Mail: (Please specify) _____./7____.;___/'?-=_____

Division of Licensing Representative/Date

Facility Representative/Date

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF.INSPECTION

Name of Facility: J-lea:Jhec,.rod, Date: 7-jz1/4..., J'6

Start Time: Jf).:'-/511114 End Time: :4SeM

D Inspection Attempted Time: _ _ _ _ _ _ _

Qinspection findings were reviewed on this date.

Type of Inspection: D New/Initial ☐Renewal nitoring ☐Complain t 0 Training/Consultation OOther

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at least the following areas of the licensing standards. (NOTE: Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional violations)

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Comments :

If a monitoring inspection was conclL1ctecl, this docL1ment must be posted until receipt of the complete inspection documentation.
It is a mutual agreement that the inspection documentation will be sent by the methocl checked below:

ffimail O Fax O Mail: (Please specify) ___

Division of Licensing Repra Mosenberg rentative/Date

;. 742/t

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION

Name of Facility: §,/ea+hec1.0ood, Date: q/G,/J tg

Start Time: V·. 408/11 End Time: Z :30ft\il

D Inspection Attempted Time:_____

01nspection findings were reviewed on this date.

Type of Inspection: D New/Initial ☐Renewal Garvfonitoring ☐Complaint D Training/Consultation ☐Other

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at feast the following areas of the licensing standards. **(NOTE:** Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional viola tions)

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Comments: (e.50C., (p -L/.. Gi;.;;.,c'0/1 ----- 11ff,, ,:29()8,o>SOD,3c , 100,,t./SOC.,d Ol, _uaQ,

If a monitoring inspection was conducted, this document must be posted until receipt o'f the complete inspection documentation.
It is a mutual agreement that the inspection documentation will be sent by the method checked below:

ifEmail OFax O Mail: **(Please** specify)_____

Marshall Massenberg
Division of Licensing Representative/Date

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Copy to Facility Representative

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VIRGINIA DEPARTMENT *OF* SOCIAL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION

Name of Facility: *J/eafheetMx><l* Date: *4/:5/4g*

Start Time: *g:oo fhV* End Time: *(e·l..5Pl'!l*

O Inspection Attempted Time:_____

O Inspection findings were reviewed on this date.

Type of Inspection: D New/Initial ☐Renewal GJ nitoring ☐Complaint O Training/Consultation ☐Other

A review of inspection findings by the Licensing Inspector has identified anticipated violations in at least the following areas of the licensing standards. **(NOTE:** Further review of the inspection findings prior to the completion of the inspection documentation may result in the citation of additional violations)

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Comments:

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(, OB 43d i lf Or ,

If a monitoring Inspection was conducted , this document must be p osted until **receipt of the complete inspection documentation.**

It fs a mutual agreement that the inspectio n do cumentation will be sent by the method checked below:

ail O Fax D Mail: **(Please specify)** _____

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Division of Licensing Representative/Date Pacility,R epresen tative/0 ate

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VIRGINIA DEPARTMENT OF S(.)' ..,{AL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION CONDUCTED & LICENSEE RESPONSIBILITY

Name of Facility:_____ FILE#_____

DateofInspection:___ .3i'" 1{/j/ \+---- -

An exit meeting was conducted on this date. E::l/Inspection findings were reviewed on this date.

Type of Inspection: D Initial newal D Monitoring D ComplaInt D Focused D Other

Findings from the inspection may result In *anticipated* violations in at least the following areas {NOTE: Additional violations may result from further review prior to the completion of inspec tion documentation.):

An uoo"oo0cred ce 0eJC:W iaspecf/oa wo s *cooduc,Jec,,, an* $LP *1* (7 :S0A fvI-S? 5' *A±+be. ft,vie, of enfco..nce,, ((:1. c-eslceafs vvfffi ia coce.* Build; o.od *EY:ound; 1...Jecc iay-Ed-ed* aad *io-fw-view:s H3::e* CotUpleied *fi'.l.eals1 o.c±ivi·lies* o.ad Medicn..+ioa *odMin'ts/dioo v-.ec-e ol::served.* Reco,.-& *vfYe reviewed. '7fe K. , .s/r,e, coosisfed J /0* resideai: *recqrds. and f;ve sh/f:,eco,,--ds. Viola-/foa5 ,do/e, discuQSed* 0-0C, co *edt* *v10.s* Mid. w5o I l/L/OC, 300G

ll,- **This document must be posted** untif **receipt of the complete Inspection documentation.** Inspection documentation includes an Inspection Summary and, when applicable, a Violation Notice and Supplemental Sheet. It is a mutual agreement that the inspection documentation will be sent by the method checked below.

Email Verify email address:_____

O Fax Verify fax number: _____

D Postal service using the facility's mailing address

Upon receipt of the inspection documentation. the licensee must develop a plan of correction *for* each violation. The pfan of correction must include the following:

- It The steps to correct noncompliance with the standard(s);
- 0 Measures to prevent re-occurrence of noncompliance;
- • Person(s) responsible for implementation and *monitoring* of preventive measure(s);
- " Date by which noncompliance will be corrected.

The licensee will have ten calendar days from receipt of the Inspection documentation to complete .the sections titled *Plan of Correction* and *Date to be Corrected,* sign each page of the documentation and return it to the Licensing Office. The licensee must retain a copy to be posted at the facility (NOTE: Supplemental Information is not to be posted due to confidentiality). Results of the inspection documentationare subject to publie disclosure and will be posted on the VOSS web site withln 15 calendar days, regardless of whether the *Plan of Correction* section is completed. If the licensee disagrees with a violation(s), he or she will have 15 cal endar days from receipt of inspection documentation to initiate a written request for a First Step review.

£ «.fr: _____

Division of Licensing'REtnre

3/a1b_1 _ *:ti ,/22*

Date Date

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VIRGINIA DEPARTMENT OF S: JAL SERVICES 0 DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION CONDUCTED & LICENSEE RESPONSIBILITY

Name of Facility: He.o.tbeo;aod FILE#_____

Date of Inspection: 5ff6 /;& , f-=-'----"----------

An exit meeting was conducted on this date. 19· inspection findings were reviewed on this date.

Type of Inspection: D Initial D Renewal Gl Monitoring ☐ Complaint D Focused ☐ Other

Findings from the inspection may result in *anticipated* violations in at least the following areas (NOTE: Additional violations may result from further review prior to the completion of inspection documentation.):

An unannounced Monitoring inspection was conducted on 5/2 5/;(? l (AM - 3PM, 1 J,si a. ±e0.,i,1 ,yrroo.cb. M -thP,,, -h !& al: erdrcl.11c.e, 111..J residеab t.v® 1r1 e,cve. Bvildi11g ood 9 rouacls ..Jf?.r < insoed ed. Plc'tls\./J/W;u cliori wee oh.£et:v:Pd MP. SM!Pk s/e;p rJ20St5fed,, ...f IQ t8">i de11r rP.corrl\, -bvo d1scJ....ar3e recc,c6 oc2d hYt Jf / f , C?d!.,: \J/o/cJ/ocs d;scu.ssed ood ao e-1.,'t1vr.,:,eJiry 1.,Jo,,) hPJcl·

This document must be posted until receipt of the complete inspection documentation. Inspection documentation includes an inspection Summary and, when applicable, a Violation Notice and Supplemental Sheet. It is a mutual agreement that the inspection documentation wHI be sent by the method checked below.

Ga Email Verify email address: £csre.eo@ .LI..·1. (\ U

D Fax Verify fax number: _____

D Postal service using the facility's mailing address

Upon receipt of the inspection documentation, the licensee must develop a plan of correction for each violation. The plan of correction must include the following:

- The steps to correct noncompliance with the standard{s);
- Measures to prevent re-occurrence of noncompliance;
- Person(s) responsible for implementation and monitoring of preventive measure(s);
- Date by which noncompliance will be corrected.

The licensee will have ten calendar days from receipt of the inspection documentation to complete the sections titled *Plan of Correction* and *Date to be Corrected,* sign each page of the documentation and return it to the Licensing Office. The licensee must retain a copy to be posted at the facility (NOTE: Supplemental Information is not to be posted due to confidentiality). Results of the inspection documentation are subject to public disclosure and will be posted on the VOSS web site within 15 calendar days, regardless of whether the *Plan of Correction* section is completed. If the licensee disagrees with a violation(s), he or she will have 15 calendar days from receipt of inspection documentation to initiate a *written* request for a First Step review.

Division of Licensing Representative

Facility Representative

D ate <;/c?S/if/J

Date 5-j5-/0

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Copy to be given to Facility Representative

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

INSPECTION SUMMARY

Facility Name /Number Heatherwood Retirement Community 671381 Inspection Date 04/20/2015

DBA Inspection End Date 04/20/2015

Inspect. Type: **M** - Monitoring UNM-Unannounced Non-Mandated

Areas of Standards Reviewed:

0 22VAC40·72-(1} GENERAL PROVISIONS
'8J 22VAC40·72-(2) ADMINISTRATION AND ADMINISTRATIVI
[81 22VAC40•72·(3) PERSONNEL.
I8] 22VAC40·72·(4) STAFFING AND SUPERVISION.
18) 22VAC40·72·(5) ADMISSION, RETENTION AND DISCHARC
18) 22VAC40·72-(6)RESIDENT CARE AND RELATED SERVICES
{81 22VAC40-72-(7)RESIDENTACCOMMODATIONS AND REL
[gj 22VAC40·72·(8)BUILDINGS AND GROUNDS.
[8I 22VAC40-72-(9) EMERGENCY PREPAREDNESS.
0 22VAC40·72-(10)ADDITIONAL REQUIREMENTS FOR FACI
Article1.
Subjectlvlty.
D 13.3-(3042) The Board of Nursing shall accept as evidenc
D 32.1·(37) Report by person other than physician
D 63,2·(1) General Provisions.
D 63.2-(16) Protection of adults and reporting.
O 63.2-(17) LIcensure and Registration Procedures
(g) 63.2·(18) Facilities and Programs..
D 22VAC40-90·(BC1) Background Checks for Assisted Living Facilities
[8J 22VAC40-90-(BC2) The Sworn Statement or Affirmation
(8I 22VAC40·90-(BC3) The Criminal History Record Report
22VAC4D·80·(G3) THE LICENSE.
0 22VAC40-80-(G4) THE LICENSING PROCESS.
0 22VAC40-80{G8}SANCTIONS.

Technical Assistance Provided:

Cornm@nts/D1:scusslon:

An unannounced monitoring Inspection was conducted on April 20, 2015 from 8:30 am until 2:00 pm. 119 residents were Incare at the time of Inspection. Buildings and grounds Inspected, interviews completed and medication administration was observed. Breakfast and activities for residents were observed. 1O resident records and five staff records were reviewed. The completIon of crimlnar record checks *for* 20 new staff members was verified. Violations were discussed with the administrator and an exit interview was held.

Violation Notke Issued: Yes

By signature the facility representative acknowledges that the inspector reviewed all information found on the Inspection Summary, including areas of standards reviewed, date(s) and tlme(s) of inspection, technical assistance provided and the commenls/discussion section.

Inspector Signature .«a,d-.tf' &-./p-

Licensing Representative Massenberg, Marshall G

Date 104/20/2015

Representative Signature Jll4Ckb-- 6

Facillty Representative I.A..'5W"\ Gr-e.e..n

Date Lj--d'" 1-S

032-05-035 (11/99)

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

DIVISION OF LICENSING PROGRAMS

VIOLATION NOTICE

Facility Name/Number: Heatherwood Retirement Community 671381 Inspection Date: 04/20/2015

OBA:

Inspect.Type: *M* - Monitoring UM-Unannounced Mandated

STANDARD NUMBER	DESCRIPTION Of VIOLATION	PLAN OF CORRECTION	DATE TOBE CORRECTED
22VAC40·72·(6)·670·H	Based on document review, the facility falled to document all required Information on a medica-tlon administration record (MARJ. Evidence: The medication administration records for Resident #1 and Resident #2 con-talned several medications without a docu-mented diagnosis, condition, or specific indlca· tion for administering the drug or supplement.	The medications that did not have the diagnosis, condition or specific indication for administration was not In place because there had been no response from the prescriber. In the ruture, the nurses wlll not only fax the request but call the prescriber until the prescriber complies wlth the regulatory requirement.	04/22/2015
22VAC40-72-(6)-710-A	Based on record review and staff Interview, the Do Not Resuscitate Order for withholding car-diohulmonary resuscitation from an individual int e event of cardiac or respiratory arrest was not documented on Resident# 1's Individual Service Plan. Evidence: The Individual Service Plan for Resident #1, **completed** on 4/10/2015, did not include documentation of the resident's Do Not Resuscitate Order. Staff#1 confirmed that the Do Not Resuscitate Order was not added to the most updated Individual Service Plan.	This violation was corrected during the Inspection and was **a** simple typographical error. All previous 15Ps for this resident and the Medical Chart for thls resident all included DNR documentation. In addition, the DNR was posted in the apartment	04/20/2015

It is agreed tha! these violations will be corrected by the dates shown and that compliance will be maintained wi!h all regulalions.

If the facility representative wants further discussion of the findings. a conference with the licensing inspector and his *or* her supervisor may be requested Please contact your licensing office within fifteen days of the findings review date

Results of inspection documentation are subject to public disclosure and will be posted on the VOSS web site within 15 calendar days or lhe exit interview date regardless of whether a problem solving conference or desk review is requested.

Inspector Signature _____ Representative Signature 4!Ai4 Q

Inspector Name Massenberg, Marshall G

Facility/Program Representative -S(A. 0-A G-ree.-..,

Date 104/20/2015 Date LI/.-.-[((

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VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING

ACKNOWLEDGMENT OF INSPECTION CONDUCTED & LICENSEE RESPONSIBILITY

Name of Facility: f-/ -lhet"wood ee-hreM.eaf: WMuoify FILE#_____

Date of Inspection: Y/_t/O/1.5 _____

@ An exit meeting was conducted on this date ITInspection finding:; were reviewed on this date.

Type of Inspection: ☐Initial ☐Renewal [3'Monitoring ☐Complaint ☐Focused ☐Other

Findings from the inspection may result in *anticipated* violations in at least the following areas (NOTE: Additional violations may result from further review prior to the completion of inspection documentation.):

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This document must be posted until receipt of the complete inspection documentation. Inspection documentation includes an Inspection Summary and, when applicable, a Violation Notice and Supplemental Sheet. Complete inspection documentation will be sent to the facility within five business days from the exit interview date. It is a mutual agreement that the inspection documentation will *be* sent by the method checked below:

Email Verify email address: _____ 1 cee.n G rLL\ . oe..+

D Fax Verify fax number: _____

☐ Postal service using the facility's maifrng address

Upon receipt of the inspection documentation, the licensee must develop a plan of correction for each violation. The plan of correction must include the following:

- The steps to correct noncompliance with the standard(s),
- Measures to prevent reoccurrence of noncompliance;
- Person(s) responsible for implementafon and monitoring of preventive measure(s);
- Date by which noncompliance will be corrected.

The licensee will have ten calendar days from receipt of the inspection documentafon to complete the sections titled *Plan of Correction* and *Date to be Corrected,* sign each page of the documentation and return it to the Licensing Office. The licensee must retain a copy to be posted at the facil"ty (NOTE: Supplemental Information is not to be posted due to confidentiality). Results of the inspection documentation are subject to public disclosure and will be posted on the VOSS web site within 15 calendar days, regardless of whether the *Plan of Correction* section is completed. If the licensee disagrees with a violation(s) he or she wi l, have 15 calendar days from receipt of inspection documentation to initiate a written request for a First Step re·v ew.

_____ Susan Arev _____

Division of Licensing Representative Facility Rep resentative

of. ""'"_____ f-;;.o r"j _____

Date

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032-05-0981-00-eng (03/12)

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS

RENEWAL APPLICATION FOR LICENSURE OF A CHILD WELFARE AGENCY, ASSISTED LIVING FACILITYt OR ADULT DAY CARE CENTER

Instructions: To ensure timely processlng, the applicant must submit a complete renewal application to the area Licensing Office at lea.st 60 days prior to lhe expiration date of the current license. A complete renewal application Includes; 1> fMl I: Applicant Information and required attaclypents, 2) Part II: frogram AdJlendum to the Applkadon and required attachments. and 3) the renewal fee.

Submission or an Incomplete renewal application will delay the review process. If the Licensing Office Onds the application fncomplete, the applicant wUJ be notified in writing within 15 days of receipt of the incomplete application. If the applicant does not submit a complete renewal application induding an required attachments prior to the Hplration date of the current license, the license will expire. It Is Illegal to operate a facility subject to licensure without obtaining a license.

Review carefully; not all sections apply. Please type or print legibly using permanent, black ink and retain a copy for your records. Please contact the licensing office in your area if there are any questions relating to the completion of this application.

NOTE: Renewal of this license is contingent upon the payment of any outstanding fees or ootstanding fines previously imposed as a sanction against this license that were not appealed or that were affirmed at an administrative hearing, If at the time of this license renewal application, there is a pending administrative hearing resulting from a proposed fine, ic will not affect the renewal of this license.

PART 1 : APeLICANT INFORMATION (ALL APPLICANrs Musr coMPLETE)

SECTION 1 - GENERAL INFORMATION

FACILITY TYPE: (Select only one per application.)

0 Adult Day Care Center
D Children's Residential Facility
D Family Day System
X Assisted Living Facility
0 Child Day Center
D Independent Foster Home
0 Child-Placing Agency
D Child Caring Institution
D Family Day Home

_____
Ntlme of Family Day Home liunstt

FACILITY INFORMATION (To be completed by all applicants.)

Name of the Facility: Heatherwood Independent and Assisted Living, Operated by Retirement Unlimited, Inc.

Telephone Number- (70J)425-1698_____ Fax Number: (] 0])425-2735_~·

9642 Burke Lake Rd._____Burke_____VA_____22015_
Facility Streec Address (physical address) Ci!y Slate Zip Code

Same as above
Facility MailingAd m (0 Same as physical 11ddress) Cily Slalc Zip Code

For Department Use Only

DATE: _ _ _ REC'D BY: -_ _-- _ I NSPECTOR: _

CHECK/MO#:_____AMT REC'D____ FACILITY#: _ _ _ _ _

AMOUNT OF OUTSTANDING FEES AND FINES:_____

County or City in which facility is located: _ Fairfax County_____

E-Malt Address (one email address r facility); _ bryan.lamartin @ rui.net _ 0 Do not have Email

Direc1ions to Fac1hty:_ F rom 95 -·Take 495 toeward s Tysons's Corner. Exit to Braddock Rd. Wesl. Make a left on Burke Lake Road. Community on 1he Right

Potnls South and West. - Take 123 10 Easl Bound Burke Lake Road. Community on lhe left_____

SECTION 2 - TY.PE _OF BUSINE.,SS ENTITY

BUSINESS TYPE APPLYING FOR LICENSE: 1Check only one type)

	An Individual (Sole Pro prietorshl o\	Complete Subsection A
XI	I A Pa rtnership	CompleteSubsection B
	A Corpora tion	Complete Subsection C
	An Association	Com.P.lete Subsection D
	A Limited Liability C omp !ny	Co pleteSubsection E
	A Public A_g_en.£.!_	Complete Subsection F
	A Business Trust	Coml!leteSubst;_ctlon G
	A Religious Organization (if not a business type listed abov e)	Complete Subsection H

SUBSECTION A - INDIVIDUAL/ SOLE PROPRIETORSHIP (One person is applying)

Name (First, Middle or Maiden, Lat): SEE ATIACHED

Mailing Address:. ...._;S EE ATTACHED
Street/P,O. Box City State Zip Code

2!

Social Securi1y Number

Federal Employer Identification Number (FEIN)

SUBSECTION **B - PARTNERSHIP** General Partnership XO Limited Partnership

I. Identifying Information:

Name of Partnership Applying for License: Heathcrwood Independent and Assisted Living, Operated by Retirement Unlimited, Inc.

Partnership Mailing Address: 9642 Burke Lake Rd. Burke VA 22015

Street/P.O. Box City State Zip Code

Partnership Talt ID Number: 54,1340401 Phone Number: (703)425-1698,

Designated Contact Person: Bryan Lamartin Title: Executive Director

Provide the following information on each general and limited partner: *(Attach additional pages if needed.)*

Name	**Title**	**Address**
SEE ATTACHED		

List the name, title and address of any agent(s) other than the partners who is empowered to act on behalf of the partnership in matters relating to the facility:

2. *Names of Individual, associalfon, limit ed liability company, corporation, etc,, with 5% or more ownenhip interest in the partnership applying for the license:*

fimt1.I.	*Ownership Percenteg e*
SEE ATl'ACHED	

NOTE: These individuals are not required to submit background checks; references, or Personal Qualifying Information unless they are also listed in #I *above(ldenti/ying Information).*

SEE A1TACHED

SUBSECTION C - CORPORATION D Domestic Corporation D Foreign Corporation

I. Identifying lriformation:

Name of Corporation Applying for License:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Corporate Mailing Addres

Street/P.O. Box City State Zip Code

Corporate Tax ID Number:_____ Phone Numb er(__)._____

De.signaled Contact Person:_____ Tn e: _____

Provide the following information on m.h officer of the corporation. *(Allacl, additional pages if needed.)*

Name **Title** **ddress**

fte.tld

...r. Vice Pre1-id •e>.

Secretar

I asure r

List the name, title and address of any agenl(s) other than the officers who is empowered to act on behalf or the corporation in matlers relatin g to *the* facility:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2. *Namts of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the corporalion applying for the licenu:*

Name	*Ownership Percentw.*

NOTE: These individuals are not required to submit background checks, references, or Personal Qualifying Information unless they are also listed in #1 above *(Identifying Information).*

SUBSECTION D - ASSOCIATION

1. Identifying *Information:*

Name of Association Applying for License: _____

Association Mailing Address: _____

Street/P.O. Box City State Zip Code

Association Tax ID Number: _____ Phone Number( ) _____

Designated Contact Person: _____ Title: _____

Provide the following information on each officer of the association. *(Attach additional pages if needed.)*

Name Title **Address**

_____ President _____

_____ Senior Vice President _____

_____ Secretary _____

_____ Treasurer _____

List the name, title and address of any agent(s) other than the officers who is empowered to act on behalf of the association in matters relating to the facility: _____

2. Names of individual, association, limited liability company, corporation, etc., with 5% or more ownership interest in the association applying for the license:

Name	*Ow11ership Percentage*

NOTE: These individuals ere not required to submit background chet:ks, references, or Personal Qualifying Information unle.1is they are also listed in #1 above *(Identifying Information).*

SUBSECTION E • LIMITED LIABILITY COMPANY (LLC) 0 Domestic LLC O Foreign LLC

*I. **Identifying Information:***

Name of LLC Applying for License: _____

LLC Mailing Address: _____
Street/P.O. Box City State Zip Code

LLC Tax ID Number: _____ Phone Number(___) _____

Designated Contact Person: _____ **Tille:** _____

Provide the following in fonnation on each manager and member or other persons authorized to manage the business and affairs of the LLC. *(Atta ch addiri o11al pages if 11eeded.J*

Name Title Address

_____

_____

_____

_____

List the name, title and address of any agent(s) other than the members and managers who is empowered to act on behalf of the LLC in matters relating to the facility: _____

_____ _____

2. Names of individual association, limited liability company, corporation, etc., with 5% or more ownership interest in *the LLC applying for the license:*

Name	*Ownership Percentage*

NOTE: These Individuals are not required to submit background checks, references, or Personal Qualifying Information unless they are also listed tn #1 above *(Identifying Information).*

SUBSECTION F - PUBLIC AGENCY

Name of Public Agency Applying for License:_____

Public Agency Mailing Address:_____

S1reet/P.O. Box City State Zip Code

Public Agency Tai(ID Number:_____ Phone Number(___),_____

Name and Title of Person Responsible for the Facilily (including hiring the facility director/administrator):

_____

Any agent other than the person listed above who is empowered to act on behalf of the pubhc agency in mauers relating to the facility:_____

SUBSECTION G • BUSINESS TRUST ☐ Domestic Business Trust ☐ Foreign Business Trust

1. Identifying biformation

Name of Business Trust Applying for License:. _____

Business Trust MailingAddr ess: _____

Steel/P.O. Box City State Zip Code

Business Trust Tax JD Number: _____ Phone Number (_) _____

Designated Contact Person: _____ Title: _____

Provide the following information on ach trustee, beneficial owner and any officer of the Business Trust.
(Aflach addi1io11af pages if needed.)

Name	Title	Address

Lisi the name, title and address of nny agent(s) other than the trustees, beneficial owners or officers who is empowered 10 act on behalf of the business trust an matters relating to the facility: _____

2. Namet1 of individual, a11soclation, limited liability company, corporation) etc., with 5% or more ownership interest In the business trust applying for the license:

Name	*Ol.fnership Percentage*

NOTE: These individuals are not required to submit background checks, rererences, or Personal Qualifying Information unless lhey are also listed In #1 above *(Identifying Information),*

SUBSECTION H - RELIGIOUS ORGANIZATION

NOTE: Complete only if the religious organization is not a business type listed in Subsections A G.

Identifying lnfonnation

Name of Religious Organization Applying for License:_____

Religious Organization Mailing Address:_____ _____

Streel/P.O. Box City State Zip Code

Religious Organization Tax ID Number:_____ Phone Number (_) ,_____

Name(s) and Title(s) of Person(s) Responsible for the Facility (including hiring the facility director/administrator):_____,

Any agent other than the person(s) listed above who is empowered to act on behalf of the religious organization in matlers relating to the facility:

SECTION 3- Acknowledgements and Certifications - (To be completed by all applicants.)

In making this application, I certify that:

1. I am in receipt of and have read a copy of the laws and regulations applicable to the type of facility for which I am making application.

2. It is my intent: (a) to comply with applicable laws and regulations, and (b) to maintain Compliance with them if I am so licensed.

3. I understand that representatives of the Department of Social Services are authorized to investigate all aspects of facility operations, to inspect the facility, and to make any investigations necessary concerning the circumstances surrounding this application. I understand that if the facility is licensed, the Department's representatives will make announced and unannounced visits to investigate complaints received and to determine continuing compliance.

4. In the event this application is denied, I understand that I have appeal rights that are explained in the regulation, *General Procedures and Information for Licensure.*

5. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of a facility without first obtaining a license, or serve more persons than the maximum stipulated on the license.

This application must be signed by an applicant or agent named in Section 2 (Type of Business *Entity-"ldentifying lnformation°).*

I hereby attest that the information contained in this application including Part I: Applicant Information and Part II: Program Addendum to the application and all attachments is truthful and correct under penalty of perjury. Falsification of application information is grounds for denial or revocation of the license to operate a facility.

Signature of Applicant

Date

Printed Name of Applicant

SECTION 3 - Fees - (Required for all applicants.)

- *The appropriate fee as listed below must be paid/or renewal application processi11g:*

Children's Residential Facility = $100
Family Day System = $70
Child Placing Agency= $70
Short-term Child-day Program: Capacity 1-50 = $25; Capacity 51 & up= $50

All Other Program Types (family day homes, assisted Jiving facilities, child day centers, adult day care centers, ittdependentfosler homes):

Capacity 1-12 =$14
13-25 = $35
26-50:::: $70
51-75 = $105
76-200 = $140
201 &: up= $200

o *Outstanding fees or fines previously imposed as a sanction against Jhis license that were nor appealed or th<,t were affirmed at a,1 administrative heari11g must be paid in full in order to renew your lice11se.*

- *No fee is required for processing a renewal application submilled at the end of a co11ditio11al lice11s11re period.*

o *Personal check, money order, or certified check must be made payable to "Treasurer of Virginia."*

o *FeeJ ure no11-refu11de1ble.*

o *There will be* er *$50 service charge for a11y check that must be returned due to insufficient funds.*

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS

PART II: PROGRAM ADDENDUM TO APPLICATION FOR LI CENSURE OF
AN ASSISTED LIVING FACILITY

NAME OF ASSISTED LIVING FACILITY: J Je,-1,Y. Av&J . l uing

REQUEST FOR LICENSURE LEVEL	REQUEST FOR LICENSE
0 Residential Living Care only @" Residential Living Care Assisted Livim? Care	Requested number of residents: Number of residents currently residing in the facility: 'f '{ Number of buildings license requested for: I

DO YOU EXPECT TO OR ARE YOU PROVIDING CARE SERVICES FOR THE FOLLOWING:
'Check all that ODDI'!,

Service Provided	Check if Yes	Explain where lndlcated
Residents who are non-ambulatoiy?	☑	
Residents who have mental illness or mental retardation?	☐	N/A
Residents who are substance abusers?	☐	N/A
Residents who have a hist ory of aggressive behavior?	☐	N/A
Residents who need the use of restraints?	☐	Type of restraints used at facility:
Residents who have a serious cognitive impainnent and cannot recognize danger or protect their own safety and welfare?	n	Does the facility have a safe, secure environment/unit?
Residents who need care for gastric tubes?	☑	Have direct care staff been trained by Registered Nurse? Y-t;
Residents who need skilled nursing treatments? (Such as wound care, as pennitted in Assisted Living .)	☑	Facility has licensed nurse employed. acility will contract with a licensed nurse or health aJ{encv.
Residents who need ostomy car ?	☑	
Residents who receive Au)(iliary Grant funding?	☐	At admission. Co verting from pnva .P·

ADMINISTRATION

Name of Administrator: Bryan Lamartin

GENERAL INF'ORMATION

General Questions	Check jf Ytt	If «Yes" Additional questions or requirements.
Will the Assisted Living Facility ailow pets to live on the premises?	Lt)	TYPJ: of pets permitted: P.J,$ CP...+f If pets a e currently residing at the facility, include required immunizations and certification for each animal, by a licensed veterinarian, indicating that the animal is free of diseases transmittable to humans.
Does the Assisted Living Facility, or will the Assisted Living Facility contract with a physician to provide care to the residents within the facility?	D	Name of contract physician:

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION	Attachments Provided
Attachments Reguired ,i;!f,!Art I Section 2:	
• Reference Letters for individuals listed in Part I, Section 2 of the application (Type of Business EnH under ..Identifying Information")	
• Personal Qualifying fnfonnation Forms (if applicable) for individuals listed in Part 1, Section 2 of the lication f!),pc oJ_Business Enti !Jndcr"ldentifving lnfonnalion")	
6 Business Entity **Legal** Documents (articles of incorporation, certificate of organization, elc.)	
• Annual Operating Budget	
6 Credit Reference	
FEE (paxable to: "Treasurer of Virginia"	
Attachments Requlret! _!!!__ artJ! {Program Addendum)_:	
I. For facility providing residential Jiving care only, verification of qualifications and education of the administrator.	
2. For facility **providing** residential livin-g care and assisted living; ?c. a copy of a valid license issued to the administrator by the Virginia Board of Long Term Care Administrators or an ex2lanation if the administrator is not cuITentlt li ensed.	
3. If the Assisted Living Facility has persons, other than aged, infinn or disabled residents residing on premises, a list of these individuals and what their relationship is to the Applicant.	
4.... A coi>Y of the building evalu! '.!?.n signed by the appropriate building off[t ial.	
5. A co!>Y of the fire insoection conduct edJ !'.- ropri ! «;..fire official.	
..t A c:o py of the sanitation ins2ection conducled by the D!Prtment of Health.	
7. Include a sketch or blueprint of the floor plan of the entire building(s), including the exact floor and window measurements and ceiling height of residents' bedrooms. Measure the floor from baseboard to baseboard; show measurements of any built-in closets and chimneys that protrude into the rooms. Measure only the glass area of the window, not the window frames. Also include the number of toilets, face/hand washing sinks, bat hlbs and showers in the balhtooms.	
8. A copy of all fonns to be used by the facility, if differ ent from the model fonns provided by the Deoartment of Social Services.	

REQUIRED A'ITACHMENTS FOR INITIAL APPLICATION	Attachments Provided
9. Disclosure Statement.	
10. A copy ofall rules, requirements, policies and procedures of the Assist d Living Facili ty.	
11. A statement or chart regarding organization of the management staff, with information sho ng who is reseonsible for }!olic)'., o_ee ration and manai ement decisions.	
12. Name of the management comeanl'. that OEeraies the facili 1 if other than the licensee.	
13. Staff Information Sheet	
J_4 ame le current menu for a two-week J!eriod.	
IS. Sam ple current monthly activitv schedule.	

NOTE: For each individual listed in Part I, Section 2 of the application (Type of Business Entity under "Identifying lnfonnation"), the following original documents must be available at the facility for inspection:

- Sworn Disclosure Statement completed within the last 90 days
- Criminal Histo ry Record Report obtained from the state_police within the last 90 days

REQUIRED ATIACHMENTS FOR RENEWAL APPLICATION	Attachments Provided
I. For any **new** individuals listed in Pan I, Seclion 2 of the application (Type of Business ☐ under "ldentifying lnfonnation"), original Sworn Statement or Affirmation. l!l.!:i_o Change O Ch nse previousl y repo11ed	
2. For any **new** individuals listed in Part I, Section 2 of the application (Type of Business Entity under "Identifying [nformation"), original Criminal History Record Report obtivned from the *state* police, No Change O f h nge previously reported	
3. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity under "Identifying Information"), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certj.fyto his/her character and reputation. J::.'[Change [] Cha e previoustx rep':nted	
4. For any **new** individuals listed in Part I, Section 2 of the application (Type of Business Entity under "Identifying Information"), Personal Qualifying lnfonnalion Fonn if wilhin the last 10 years the individual served as a voting officer, director, or principal stockholder in any child•welfare, assisted living, adult day care center, nursing home or mental h th facility, program or agency requiring licensure in Virginia or in any other state. No Chan e O Change erevio.!l}IY reported	
5. A copy of the new b ilding evaluation if any physical plant changes have been made to the fl\eftlity since t facility's last license was issued that required a building permit. oChan e Change previously rep !lrted	
6. A copy of all new or revised fonns used by the facili ty,i V'Jrfferent from the model forms provided by the Department of Social Services. (!I No Change O Change previousl y repo11ed	

REQUIRED ATTACHMENTS FOR RENEW AL APPLICATION	Attachments Provided
7. If changed since th_nrevious license was issued, a copy of the Disclosure Statement. [:. No Chan2e Gl Change previously reported	Attached 1
8. A sketch or blueprint of the floor plan if any physical plant changes have been made to the fatility since the facility's last license was issued. 0 No Change ☑ Chan2e oreviouslv rei,orted	
9. A copy of all rules, rements or policies that have changed since the facility's last license was issued. o Change O Chan previously orted	
10. If changed since the last license was issued, a statement or chart regarding the organization of the management staff, with information showing who is responsible for policy, operation and management decisions. [B"No Change O Change previously reported	
11. If a management company operates the facility rather than the licensee, the name of the new management company if changed since the facility's last license was issued. 0' hange D Change previously reported	
12. Staffinfonnation Sheet	
FEE (oavable to: "Treasurer of Virginia" L	

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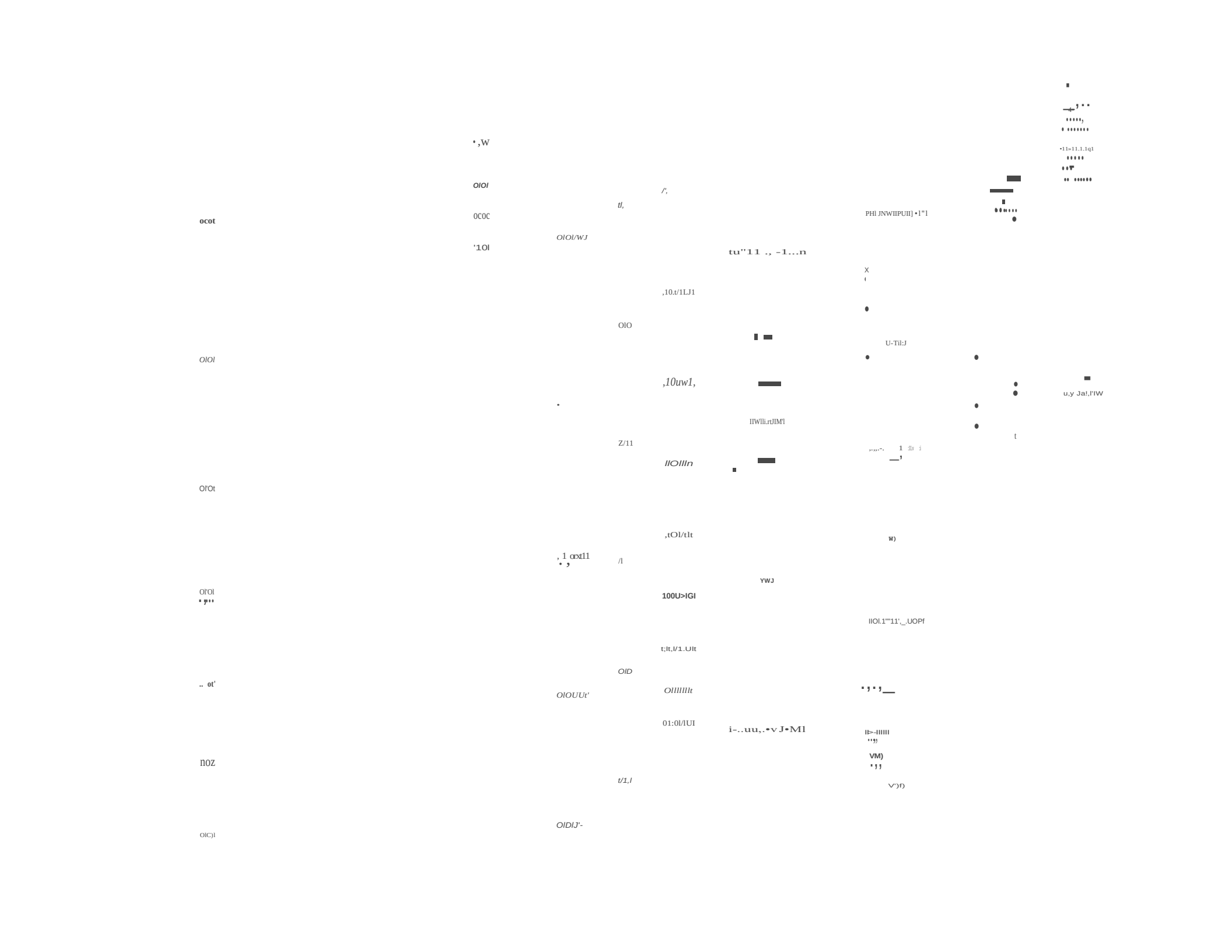

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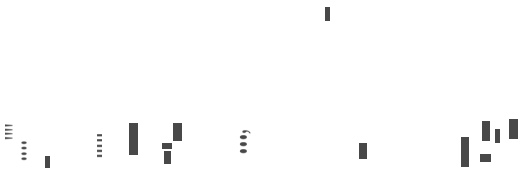

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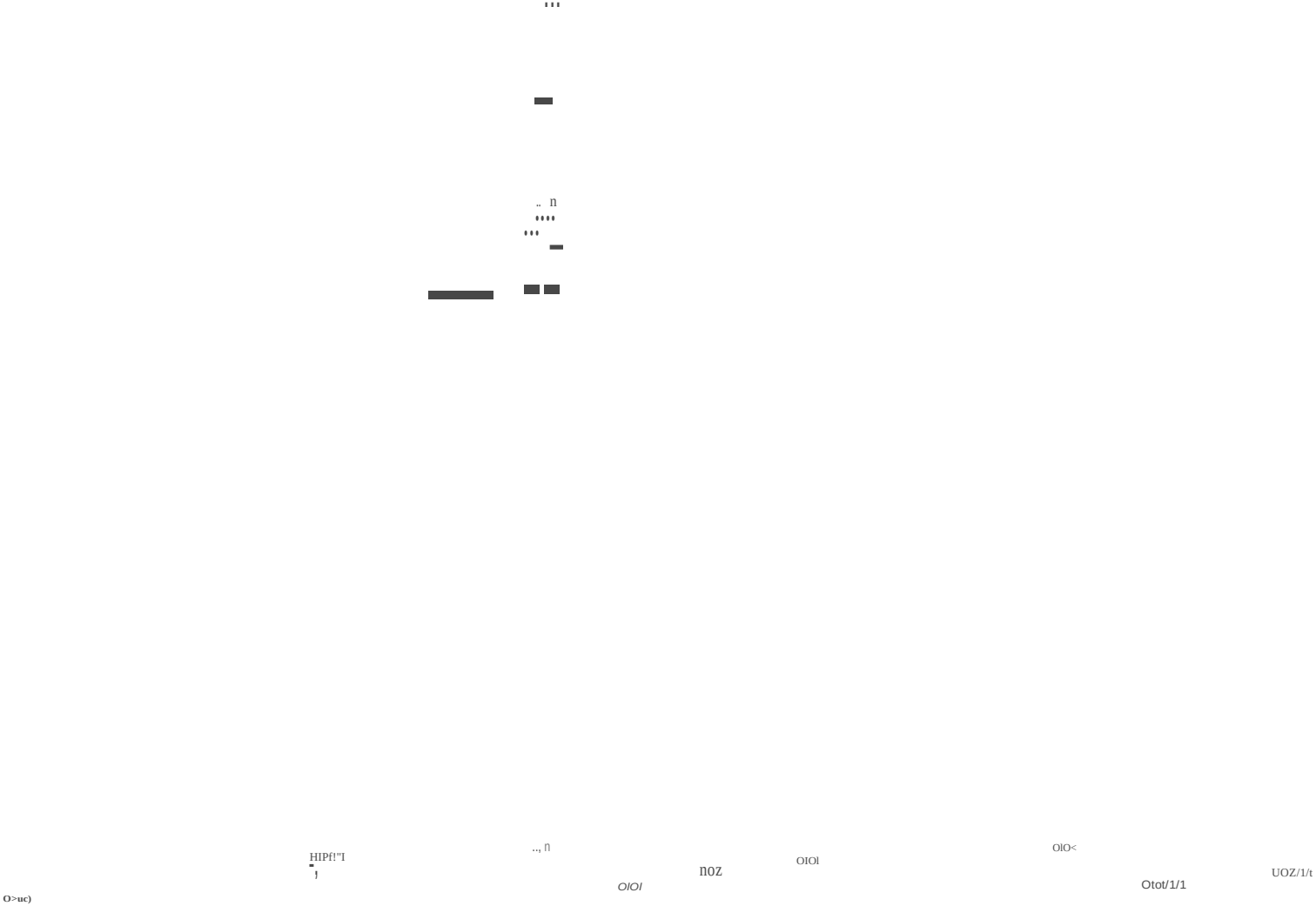

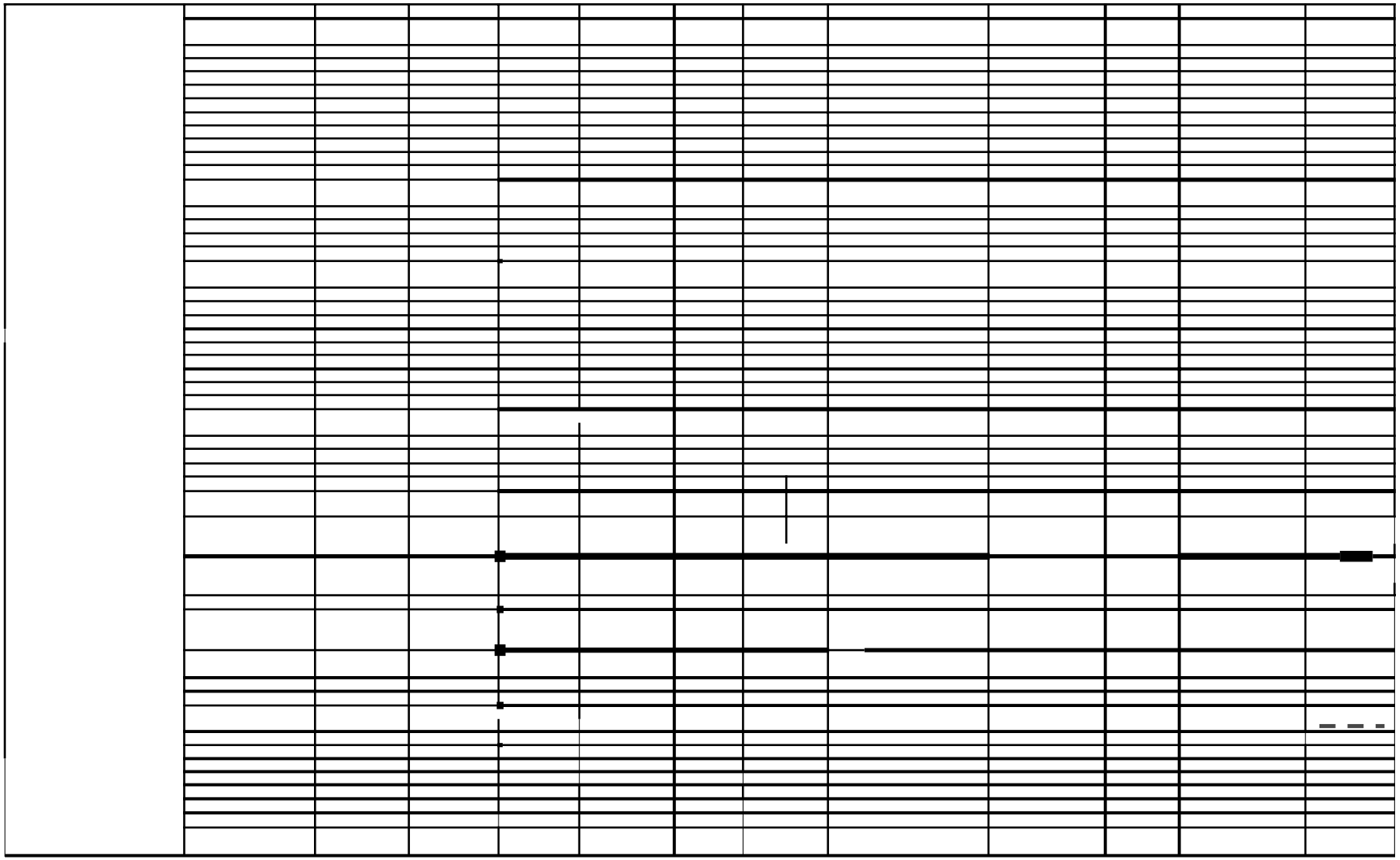

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Assisted Living Facility Disclosure Statement
Required by the Virginia Department of Social Services

The *Standards for Ucensed Assisted Living Facilities* requires each assisted living facility to provide a statement to prospective residents and legal representatives, if any, that discloses information about the facility. The disclosure statement must also be provided to residents or their legal representatives upon request and made available to the general public.

I. General Information About the Facility

- **Name of the facility:** Heatherwood Retirement & Assisted Living Community
- **Name of the licensee:** Heatherwood Retirement Community
- **Ownership structure, i.e., lndlvldual, partnership, corporation, Limited Liability Company, unincorporated association or public agency:** Partnership
- **Names of any other assisted living facilities for which the licensee has a current license issued by the Commonwealth of Virginia:** Not applicable
- **Name of the management company that operates the facility, if other than the licensee:** Retirement Unlimited, Inc.
- **Licensed capacity:** 150
- **Description of the characteristics of the resident population, such as general information on gender, age, medical conditions, mental status, special populations, and social or other relevant descriptors:** The residents of Heatherwood are both male and female, and the majority of them are seniors who are independent or need assistance with their activities of daily living. Heatherwood does not participate in publlcly funded payment programs, and all residents finance the costs of their rental and services with private means or Long Term Care Insurance.
- **Requirements or rules regarding resident** conduct **and other restrictions and special conditions:** All residents and families are expected to conduct themselves in a manner which is not disruptive so as to threaten the peace and quietude of the other residents of the Community nor for any reason, creates a condition which would threaten the resident's safety or well-being or that of any other resident(s) or employee(s) of the Community. Heatherwood has a resident

Initials___ _

handbook that is given to each new resident upon move-in. This handbook details all the necessary information on these issues including no smoking in the building.

II. Accommodations, Services and Fees

- **Accommodations, services, and care included in the base fee:**
  - All utilities including phone, cable and Wi-Fi
  - Meals
  - Scheduled van 1ransportation within a 10 mile radius for medical appointments
  - 24-hour nursing staff available
  - Maintenance staff available for routine and emergency maintenance
  - Dynamic life Enrichment programs

- **Amount of the base fee:** (If **there is more than one base fee, list each separately and specify the accommodations, services and care provided for each fee.)**
  - Studio Apartment $4,800 per month
  - One Bedroom $5,575 per month
  - Two Bedroom $6,320 per month
  - 2nd occupant fee (plus Care) $1,100 per month

- **Additional** accommodations, **services, and care** not included in the **base fee and the fee for each:**
  Five Levels of Care

  - Level A (Introductory Level of Assistance) $600
  - Level I (Minimum Assistance) $1,340
  - Level II (Moderate Assistance) $2,150
  - Level Ill (Extended Assistance) $3,145
  - Level IV (Highest Level of Assistance) $3,780

  .. Levels are determined by a nursing assessment.

Ancillary charges shown below:

Pets - non-refundable one-time fee	$1000
Monthly pet fee	$25
Dining and Guest Meals	
Breakfast	$15
Lunch	$15
Dinner	$15

Holiday and Special Meals	TBD per event
Room Tray Delivery	
Each Mear	$10
Per Month	$300
Late Payment Fee	$100
Returned Check Fee	$30
In-house Apartment Transfer Fee	$1000
Apartment Key or Fob Replacement	$15
Call Pendant Replacement	$250
Non-routine personal assistance (Charged per quarter hour, plus cost of materials)	
Housekeeping	$20
Maintenance	$20
Nursing	$20
Personal Laundry Seivice once a week	
Residential/Level A	$125 per month
Level 1 and 2	Included
More than once a week	$125 per month
Level 3 and 4 twice a week	Included
Daily Laundry	$900 per month
Companion Seivices	$24 per hour
Medication Repackaging Fee	$5 per medication
Stat labs (labs drawn on non-scheduled days)	$75per lab
Nursing Supplies	Per invoice

- **Amount of advance or deposit payment:**
  Heatherwood requires a Community Fee equal to $3000 which is used towards administrative and set-up fees and the Ambassador program for all new residents.
- Refund policy for advance or deposit payment:
  A security deposit is not required during move in. The Community fee stated above is a one-time fee and non-refundable.
- **Policy regarding increase** in **charges and length of time for advance notice of intent to Increase charges:**
  Monthly Base Fee rates may be increased annually with at least 60 days' advance written notice. Any other charges which are additional and above the

all-inclusive Base Fee may be increased at any time upon written notice to residents at least 30 days in advance.

III. **Admission, Transfer and Discharge Crlt•tla**

- **Criteria for admission to the facility and any restrictions on admission:**
  - An applicant may be independent in all aspects of self-care and mobility or may require mechanical or human assistance for bathing, dressing, toileting, transfers, incontinence care, ambulation, housekeeping, laundry, meal preparation, money management and medication management. Heatherwood retains the sole right to determine if care and safety needs can be met for admission.

  - The Virginia Uniform Assessment Instrument (UAI) indicates residential or assisted living level of care.
  - The applicant must demonstrate that she/he has the financial resources available to pay for all costs associated with the provisions of the Heatherwood Resident Agreement for at least one year of occupancy.

  Restrictions on admission: Applicants will not be accepted for admission if she/he falls into any of the following categories:

  - Requires intravenous therapy, UNLESS maintained by a licensed healthcare professional
  - Has a Stage 3 or 4 dermal ulcer, except those Stage 3 ulcers that have been determined to be healing
  - Airborne infectious diseases in a communicable form that requires Isolation or special precautions to prevent transmission of the disease
  - Psychotropic medications without appropriate diagnosis and treatment plans
  - Nasogastric tubes
  - Requires gastric tubes, UNLESS independent in self-administering feedings, caring for the tube and procuring supplies
  - Ventilator dependency
  - Requires renal dialysis UNLESS independent with all related needs including transportation
  - Presents an imminent physical threat or danger to self or others
  - Requires a level of care that requires individualized, continuous, licensed nursing care excluding conditions with a specified recovery time
  - Has any other health need or condition which cannot be met as determined by Heatherwood, the resident's physician, or is non-compliant with the Virginia Department of Social Services Standards and Regulations for Licensed Assisted Living Facilities
  - Requires therapeutic diets such as puree, specific caloric intake, etc.

- Criteria for transfer of a resident to a different living area within the same facility, including transfer to another level, gradation, or type of care within the **same facility** or complex:
  Heatheiwood reserves the right to determine and make all arrangements regarding in-house transfers. Transfers to levels of care shall be based on the Community's assessment of the resident's need for additional or fewer services which are different from those initially required or requested. Should the resident or legal representative disagree with the results of an assessment that indicates a need for an increased level of service, the resident has the right to appeal to the Department of Social Services. Refusal after a DSS confirmation may result in the resident being discharged from the Community.
- **Criteria for discharge from the facility, including actions, circumstances, or conditions that would result or may result In discharge of the resident:**
  - Failure of the resident or family to comply with the rules and regulations, and policies and procedures of the Community or failure to comply with State or local laws, after receiving notice ofthe violation(s).
  - Falsification of any statements made in the Resident's Admission Application pertaining to income, physical health and abilities, or mental ability
  - NonRpayment
  - Dermal ulcers Ill and IV except those Stage Ill ulcers that have been determined to be healing
  - Intravenous therapy except if it is managed by a licensed health care professional
  - Airborne infectious diseases in a communicable form that requires isolation or special precautions to prevent transmission of the disease
  - Ventilator dependency
  - Psychotropic medications without appropriate diagnosis and treatment plans
  - Nasogastric tubes
  - The resident has inappropriate behavior with bowel and bladder functions or incontinence that cannot be reasonably managed by nursing staff
  - Significant decline in functioning such that the community can no longer appropriately take care of the resident
  - Becomes disruptive so as to threaten the peace and quiet of the other residents of the Community
  - For any reason, creates a condition which would threaten the resident's safety or wellRbeing or that of any other resident, visitor or employee of the Community.
  - Has any other need which cannot be met as determined solely by the Community

IV. General Number, Functions and Qualifications of Staff on Eacb Shlft

Shift (11st times of shift)	Total Number of Staff Per Shift	Number of Staff Providing Direct Care Per Shift	Functions of Staff Per Shift (for exampleJ personal care, activitlesi housekeeping)	Quafiflcatlons of Staff Per Shift (for example, RN, LPN, CNA, dietitian)
7-3	**25**	9	Provide direct resident care, medication managementJ conduct activities, prepare & serve meals, housekeeping, maintenance, and general supervision & oversight	**RN, LPNs,** certified nursing assistants, certified medication technicians, licensed administrator. and trained activities, housekeeping and dining staff
3 to 11pm	25 only direct care staff and receptionist **on-site after** 7pm	8	Provide direct resident care, medication management, conduct activities, prepare & serve meals, housekeeping, maintenance, and general supervision & oversight	**RN, LPNs, certified** nursing assistants, certified medication technicians, licensed administrator, and trained activities, housekeeping and dining staff
11 to 7am	6	4	Provide direct resident care, medication management	**RN, LPNs,** certified nursing assistants, certified medication technicians

Initials ___ _

V. Activities Provided for Residents

Range/categories of activities: (Specify types of activities and note whether all activities are available to all residents or what, if any, limitations are placed on participation in specified activities. **Note** whether participation in certain activities **is geared** to a particular group of residents.)
There shall be at least 14 hours of scheduled activities per week. Activities include physical, social, cognitive/intellectual/creative, productive, sensory, reflective/ contemplative, outdoor, and nature/natural world and are available to all residents.

- Frequency of activities (average number of total activities per **week):**
  Frequency of activities per week: 14+

  - Average number of different types of activities per week:
    Average number of different types of activities per week: 3 - 7

VI. Liability Insurance Disclosure

(Facility must Indicated yes or no below)

This facility maintains liability insurance that provides at least $500,000 per occurrence and $500,000 aggregate, which Is the minimum amount of coverage established by the State Board of Social Services for disclosure purposes. to compensate residents or other individuals for injuries and losses from the negligent acts of the facility

.2L_Yes

-- **No**

VII. On-site Emergency Electrical epwer Source Dlsclo ure

(Facility must indicate yes or no below and provide the required details)

L Yes, this facllity has an on-site emergency electrical power source for the provision of electricity during an interruption of the normal power supply.

- Our generator supplies emergency power to the entire building.
- Staff at the facility have been trained to maintain and operate the power source.

I am in receipt of the on-site emergency electrical power source information provided in this section as indicated by my initials or signature.

_____(Resident or Legal Representative)

VIII. Additional Information

a. Names of contractors, If used, providing essential services to residents **are available upon request. (Examples of essential services are staffing, pharmacy, health care and food/dining.)**

- Pharmacy Services, on-site physical, occupational and speech therapy, lab services, beautician and barber services
- Additional fees may apply based on services rendered
- Various home health agencies and hospice providers

b. Additional information about the facility may be obtained from the Virginia Department of Social Services' website[1] http://www.dss.virginia.gov . **The information on the website Includes type of license, special services, and compliance history after July 1, 2003.**

032-05-0849-2-eng (08/09)

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Tue, Jun 9, 2020 at 12:46 PM
Subject: COVID-19 Resources for ALF Providers
To: <DSS LICENSING @listserv.cov.virg inia. gov>

The attached file is being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

This memo contains updated resource materials compiled by the Virginia Department of Health (VDH).

To unsubscribe from the DSS_LICENSING list, click the following link:
https://lists.erv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

SCROLL DOWN TO VIEW ATTACHMENT

COMMONWEALTH *of* VIRGINIA

DEPARTMENT OFSOCIAL SER\'1CES

DATE: June 9, 2020

TO: Assisted Living Facility Providers

FROM: Tara D. Ragland, Director
Division of Licensing Programs

RE: COVID-19 Resources for Long Term Care Facilities

This memo is to infom1 you of an updated resource compiled by the Virginia Department of Health (VDH).

The VDH developed a resource document for long tenn care facilities, organizing guidance and recommendations of the Centers for Disease Control and Prevention (CDC) and Centers for Medicaid and Medicare Services (CMS). VDH is providing thi s additional guidance as a resource to help protect the residents and staff of these facilities.

VDH CO VID-19 Resources for Long Term Care Facili ties summarizes COVID-19 best practices known to date, although individual facilities may need to tailor guidance to meet their specific needs. The VDH COVID-19 website posts the latest information under the Long-Term Care Facilities and Other Residential Settings tab.

The Virginia Department of Social Services (VDSS) has reviewed this information and strongly encourages you to apply this information in your facility as needed. The VDSS, Division of Licensing Programs, is closely monitoring the COVID-19 pandemic and all guidance being dist1ib1.1ted to healthcare facilities at the federal and state level and will conti nue to keep you informed.

VDH VIRGINIA DEPARTMENT of HEALTH

VDH COVID-19 Interim Guidance for Long-Term Care Facilities
Updated June 19, 2020

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Changes Made Since Last Version:

- Added section on hand hygiene
- Added information to further clarify recommendations related to cohorting, PPE use (especially related to gowns), and cleaning and disinfection
- Revised language to reflect the lifting of restrictions during phased reopening in accordance with the Forward Virginia and the VDH Nursing Home Guidance for Phased Reopening
- Differentiated nursing home recommendations from those for other LTCFs where applicable

Long-term Care Facility Guidance for COVID-19 - KEY POINTS

EducatE!

- Train staff
  - Sick leave policies - stay home when sick
  - Expectations for health monitoring and illness reporting
  - Personal protective equipment (PPE) - gloves, gowns, goggles/face shields, masks
    - How to don and doff PPE properly
    - Fit -testing for respirators (e.g., N95) as necessary for role
- Explain facility plan for health monitoring, illness reporting, and expected response to illness to residents and their families.

Su rveill

- Screen all employees upon arrival at the facility on every shift for symptoms of COVID-19
- Check on each resident for signs of illness every shift, during waking hours
- Report illness to designated person
- Follow VDH recommendations for laboratory testing

Isolate

- Send ill staff home
- Place ill residents in private room with door shut or in COVID -19 unit in nursing home.
- Separate people - restrict meals and activities, limit visitation and non-essential services, maintain social distance, depending on reopening phase that is in effect

Protect

- Cloth face coverings on all residents and facemasks on all staff all the time they are in the facility
- Hand hygiene - alcohol-based hand rub; soap and water if visibly soiled. Gloves if enter resident room or care area
- Add gown and eye protection if high conta ct, spla shes or sprays possible, aerosol-generating
- Fit -tested respirator if aerosol-generating procedure and wearer has been fit-tested
- All the above PPE (respirat or if available) when caring for possible COVID-19 patient
- All the above PPE {respirat or if available) for all resident care during an outbreak
- Environmental cleaning and disinf ection of all high touch surfaces on every shift
- Ded icate space and staff to care for residents with COVID-19 in nursing homes

Collab orate

- Call local health depart ment i f concerned about level of illness or a case of COVID-19 is confirmed or suspected
  - Review infection control practices and outbrea k prevention and management
  - Plan for public health laboratory testing
  - Develop plan for communicating with famili es and the public

INTRODUCTION:

Governor Northam and the Virginia Department of Health (VDH) have released Nursing Home Guidance for Phased Reopening (6/19/2020). This document has been updated to reflect those expectations for nursing homes. Because the pandemic has an impact on all of Virginia's long-term care facilities **(l**TCFs), directors of other lTCFs that are not nursing homes are encouraged to assess their ability to implement these best practices and follow as many recommendations included in this guidance as possible as welt as any reopening plans issued by their licensing agency. Expectations for nursing homes have been distinguished from best practices for others throughout this guidance document.

LTCFs include but are not limited to:

- Nursing homes/skilled nursing facilities,
- Residential rehabilitation facilities,
- Assisted living facilities (ALFs) and memory care units,
- Residential behavioral health facilities, and
- Facilities providing hospice services.

By this point in the pandemic, directors of these facilities are familiar with the disease and have implemented measures to prevent its entry into the facility and/or control its spread and protect staff and residents if the disease is identified. This document will highlight some measures that should already be in place and additional steps that should be taken during this time when a state of emergency is in effect for Virginia. The guidance is based on recommendations of the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS), and summarizes COVID-19 best practices known to date. Individual facilities may need to tailor guidance to meet their specific needs. Additional resources are listed throughout the document, with some of utmost importance provided as a resource list at the end of the document.

COVJD-19 has been shown to be particularly severe in persons aged 65 years or older and those with underlying medical conditions, such as chronic heart and lung disorders or conditions that weaken the immune system and to spread easily among persons in close quarters, putting LTCFs at higher risk of severe disease and rapid spread. To date, there is no vaccine and no specific antiviral medicine to prevent or treat cq v JD-19. Thus, it is vital for lTCFs to implement and strictly adhere to all recommended measures to prevent and control this disease.

TRAINING:

- Audiences: staff, residents, families
- Topics:
  - Symptoms of COVJD-19
    - Note: the primary symptoms of COVID-19 have been reported to be fever (temperature 2: 100°F), a new or changed cough, and shortness of breath. However, as more information has come out about the disease, additional symptoms have been noted, including chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and sore throat. Furthermore, residents of LTCFs with COVID -19 may show atypical symptoms, such as new or worsening malaise (tiredness or discomfort), new dizziness or increased falls, or mental status change such as co nfusion.
    - Any change in a resident's behavior that could indicate a new infection should prompt isolation and further evaluation for COVID-19.
  - How to monitor and report related illness
  - Importance of social distancing
  - Hand hygiene, respiratory hygiene/cough etiquette
  - Proper use of masks and other forms of personal protective equipment (PPE}
  - Facility's anticipated response to COVID-19-like illness during the pandemic

- Additional Topics for Staff:
  - Sick leave policies for staff
  - Plan for regular temperature checks and symptom screening upon arrival on each shift
  - Expected actions if symptoms are identified upon screeningor develop while the staff person is at work
  - Extensive training on PPE use for any staff person who might provide care for patients with confirmed or suspected COVID-19.
    - Before providing care to a person with COVID -19, healthcare personnel (HCP) must: 1) Receive comprehensive training on when and what PPE *is* necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE. 2) Get fit testing for respirator use if providing direct care for COVID -19 positive residents. 3) Demonstrate competency in performing appropriate infect i on control practices and procedures.
    - See links to CDC training webinars on next page
  - Cleaning and disinfection methods, timing, and responsibility

- Resources to Assist with Training:

  - Symptoms of Coronavirus - CDC poster - https://www.cdc.gov/coronavirus/2019-ncov/downloads/C0V1Dl9-symptoms.pdf
  - Employee Screening Form - VDH - (See Attachment 1)
  - Hand hygiene - VDH fact sheet - http: lj www.vdh.virginia.gov/ content/ uploads/ sites/ 13/ 2016/03/ HandHygieneFactSheet.pdf
  - Cover Your Cough - VDH PC?Ster- https://www.vdh.virginia.gov/content/L1ploads/sites/3/2016/01/CoverYourCoughSign.pdf
  - CDC poster - PPE for COVID-19 - htt ps:// www.cdc.gov/ coronavirus/ 2019-ncov/downloads/A FS HCP COVID19 PPE.pdf
  - CDC LTC mini weblnars:
    - *Sparkling Surfaces* - https:ljyoutu.be/t7OH8ORr51g
    - Clean Hands - https://youtu.be/xmYMUly7qiE
    - Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA
    - Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw
    - PPE lessons - https:ljyoutu.be/YYTATw9yay4

Symptoms of COVID-19

- Fever (temperature .2'..100°F),
- Cough (new or different),
- Shortness of breath,
- Chills,
- Muscle pain,
- New loss oftaste or smell,
- Vomiting or diarrhea
- Sore throat

ATYPICAL SYMPTOMS IN OLDER PERSONS:

- New/worse tiredness or discomfort
- New dizziness, increased falls
- Confusion

WATCH FOR ANY CHANGE THAT MIGH T INDICATE A NEW INFECTION

SUPPLY INVENTORY, ESTIMATION OF ANTICIPATED USE, ASSURANCE OF SUPPLY CHAIN, AND PLANS FOR SHORTAGES OR HEAVY CASE LOADS:

- Plan for surge capacity to ensure adequate staffing in case shortages occur

- Inventory supplies needed and identify locations for storage and distribution:
  - Hand and respiratory hygiene
    - Supplies and locations of alcohol-based hand rub (with 60% ethanol or 70% isopropanol), soap, paper towels, tissues, trash cans
  - Personal protective equipment (PPE)
    - Facemasks and respirators, gowns, gloves, and eye protection
  - Environmental cleaning and disinfection
    - Use products approved by EPA for use against the virus that causes COVID-19
    - Refer to List N on the EPA website

- Estimate expected usage of the above supplies, based on:
  - Facility recommendations for use of face coverings, facemasks, and fit-tested respirators
  - Number of COVID-19 cases in the facility
  - PPE Burn Rate - Calculate using the CDC tool at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
  - Scheduled mass testing (baseline, serial, Point Prevalence Survey (PPS)) events
  - Environmental cleaning and disinfection expectations based on facility's schedule and assignments of responsibility

- Discuss supply availability with supply chain vendors
  - If necessary, identify alternate sources for necessary supplies
  - Plan for extended use or reuse of items, according to CDC and VDH recommendations - (See Attachment 2)
  - If unavailable, contact your Regional Healthcare Coalition for advice. https://vhass.org/regional-info/

- Nursing homes must plan to designate a portion of the facility **(e.g.,** a wing or end of a hallway) to care for residents confirmed to have COVID-19. When cohorting residents, and if facility space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group. The cohorting areas should be physically separated from the rest of the care areas in the facility with clear signage. An additional observational unit/care area would consist of private rooms for housing residents with unknown COVID-19 status, symptomatic residents who tested negative for COVID-19, and roommates of COVID-19 positive residents or others considered exposed.
  - Ensure adequate staffing and supplies for each designated area. Staff and supplies, including equipment, would be dedicated to that area and not used in other parts of the facility.
  - If equipment must be shared, a plan must be in place for cleaning and disinfecting it.

- Determine what type of care can be provided at the facility, how it will be provided and by whom, and what measures will be taken **if** a resident's need for care exceeds facility capacity.

- Nursing homes must assign at least one individual with training in Infection Prevention and Control to provide on-site management of COVID -19 prevention and response act ivities . This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services.

RESTRICTED ACCESS AND SOCIAL DISTANCING:

- Restrict access to the premises by visitors, volunteers, and non-essential HCP, depending on the reopening phase in effect at the time. This part of the nursing home reopening guidance is recommended for all LTCFs.
  - Alternate means of communication with family members should be planned, such as by phone or electronic conferencing technology.
  - Use signage to explain restricted access to the facility and communicate directly with families of residents.
  - Permitting visitation for compassionate care in end-of-life situations may be considered on a case-by-case basis during reopening phases when visitation is not allowed. Limited visitation is at the discretion of each facility based on their temporary visitation policy and capacity for implementation. If allowed, the visitor must be screened for fever and symptoms prior to the visit and excluded if illness is identified . The visitor must wear a mask and perform hand hygiene upon arrival and visit only the resident's room.
  - Facility directors should determine which services are essential and which can be deferred. A rule of thumb would be to restrict any person who provides a service that is not medically necessary . Some persons who provide services to resident s of a LTCF work at a number of different facilities and thus may pose a risk of introducing the virus into the facility.
    - For example, a facility director may determine that the services of barbers, musicians, pet therapists, clergy, volunteers, and others wh o usually enter the facility routinely are not medically necessary a n d rest ri ct t hem from entering the facility during the pandemic.
    - The services of other providers, such as p odiatrists and wound care spe cialist s, may be deemed essenti al and those providers allo wed ent ry when their services are medically nece ssary.
    - Anyone permi tt ed to enter the facility mu st b e scr eened for temperature and sympto ms u pon arrival and their movemen t wit hin the facility and intera ction s with resident s kept to a minimum.
    - Lift ing of these restr iction s can occur in accordance with the nursing home reopening guidance an d the Forward Virgin ia phase in eff ect at the time. Examples of ways to relax rest ric ti ons fo r visitors include having visit atio n only at set hours, for a li mited number of visit ors, at schedu led times, and in a designat ed locat ion .
- Provide for meal service, group activities, and field trip s in accord ance with the nursing home reopening guidance and the Forward Virginia phase in effect at the time. Examples of ways to relax restrictions for dining and group activities include havin g a limited number of residents parti cipate, rotate sche dules to give everyone an opportunity, allow dining and group activities with social

distancing, using face covers to the extent possible. This could be established for persons who do not have COVID-19, including those who have recovered from the disease.

- Maintain social distancing
    - Social distancing means keeping six feet between staff members, between staff and residents, and between residents
    - Staff should be reminded that this pertains to staff interactions in break rooms, hallways, and common areas

STAFF SCREENING AND ASSIGNMENTS:

- Ill HCP, other staff, or vendors are potential sources of introduction of COVID-19 to the facility. That is why symptom screening for anyone who enters a LTCF is important, to identify symptoms of fever or any symptoms compatible with *COVID-19* as early as possible and prevent the virus that causes COVID-19 from entering the facility. In addition, everyone entering the facility should wear a facemask/cloth mask which provides a universal source control and serves as a physical barrier to prevent respiratory pathogens including SARS-CoV-2 from being introduced, persons being exposed, or the envlronment being contaminated in a facility.
    - EMS providers enterlng in response to an emergency are exempt from this screening requirement but they have to be wearing a facemask. "They do not have to be screened, as they are typically screened separately." (CMS, 4/2/2020}
- Staff should be aware of and follow facility sick leave policies that encourage them to stay home when they are ill. They should be aware of the signs and symptoms of COVID-19 (especially fever, cough, shortness of breath, and sore throat}, monitor t hemselv es for the development of these symptoms, and know the procedures for reporting illness to a facility designee.
- Upon arrival at the facility, each HCP should be asked about symptoms and have his or her temperature taken. Use of non-touch, non-oral options for temperature checks is recommended, such as a temporal thermometer that uses an infrared scanner to measure the temperature of the temporal artery in the forehead. Devices need cleaning and disinfection between each use.
- Temperature and absence of symptoms should be documented. The form provided as Attachment 1 can be used to collect this information.
    - If staff are ill, they should not be allowed in and should be sent home.
- If symptoms develop while at work, the ill staff member should keep a facemask on, report the illness to the supervisor or other facility designee, and go home.
- Staff should malntain social distancing with each other (including in break rooms and common areas) and with residents.
- Assig n staff to care for certain residents and maintain those staffing assignments throughout the pandemic to the extent possible. This will ensure the staff are most familiar with the residents under their care and increase the chances that they will be able to detect a change in the residents' health status. It also minimizes the number of staff interacting with a given set of residents. The number of face-to-face encounters with the residents should be minimized, too, and limited to those necessary to assure the care and well-being of the residents.

HAND HYGIENE

- Hand hygiene is an important practice to prevent the spread of COV ID-19.
- CDC continues to recommend the use of alcohol-based hand rub {ABHR) with 60% ethanol or 70% isopropanol as the primary method for hand hygiene in most clinical situations. ABHR effectively reduces the number of pathogens that may be present on the hands of healthcare personnel after brief interactions with patients or the care environment. In addition, frequent use of ABHS formulated with emollients is less damaging to the skin than frequent hand washin g. This factor, along with ease of use and greater access, leads to greater overall compliance with use of ABHR than hand washing with soap and water. (w ww.cdc.gov/coronavirus/ 2019-ncov/ hcp/ han d hygiene.html)
- Hands should be washed for at least 20 seconds with soap and water when visibly soiled, before eating, and after using the restroom. {FAO on Hand Hygiene). If ABHR is not available, soap and water is an acceptable alternative.
- It is important to make sure that hand hygiene is performed at the appropriate times before and after touching a resident, between residents and frequently during care. Resources to improve hand hygiene are located on the Clean Hands Count website.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), General Considerations:

- At this time of Public Health Emergency and widespread community transmission, it is recommended that all HCP in every LTCF wear a facemask while in the facility.
    - This serves a dual purpose of preventing entry of the virus into the facility and protecting staff from splashes and sprays of infectious material.
        - This is an exam ple of what CDC refers to as "source control", which is a physical measure taken to prevent respiratory pathogens including SARS-CoV-2 from being introdu ced, persons being exposed, or the environment being contaminated in a facili ty. An example of source control includes recommending cloth face covering for visitors and masking for HCP.
    - HCPs should wear a cloth face covering when outside the facility, change into a facemask when they enter the facility, wear facemasks while on duty, and change into a cloth face covering when they exit the facility.
        - Ctoth face coverings are not PPE. They help prevent entry of the virus into the facility but do not offer the HCP a higher level of protection from exposures while at work.
    - A facemask can be a surgical mask, which has been approved by the FDA, or **a** procedure mask, which is not regulated by FDA. A surgical mask should be worn if splashes or sprays are anticipated and supplies are adequat e. The most important thing is for staff to wear a facemask at all times when they are in the facility.
    - This recommendation for use of facemasks by HCPs applies as long as supplies are available. Other means of covering the nose and mouth might need to be taken during times of shortage, especially by residents or non-clinica I staff members. More information on PPE use in times of shortage is provided in a section of this document below and in Attachment 2.

      If facemasks are in short suppl y, they should be prioritized for direct care personnel.

- N95 respirators, to the extent they are available, should be prioritized first for staff performing an aerosol-generating procedure (e.g., nebulizer therapy), followed by those caring *for* residents with *COVID-19*. They should be used only by staff who have been fit-tested and trained in their use. OSHA has waived the requirement for the annual fit-test, but an initial fit-test with the same respirator is still required (https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit). Other NIOSH-approved respirators may also be used.

- Description of other forms of PPE:
  - Gloves should always be changed between residents and hand hygiene performed by those providing care to the resident. No extended use options are offered for gloves.
  - Eye protection means goggles *or* a face shield. They come in disposable and reusable forms. If reusing, careful steps need to be followed for cleaning and disinfecting.
  - Gowns can be disposable isolation gowns or washable cloth gowns. Surgical gowns should be reserved for surgeries and sterile procedures. A lab coat is not a substitute for a gown. A person wearing a lab coat should wear a gown on top of it and change the gown as recommended.
  - Recommended use of these items is described in the next section.

USE OF PPE, Specific Situations:

- Standard Precautions should be followed for the care of all residents at all times. This involves the practice of hand hygiene and respiratory etiquette, safe injection practices, and the use of PPE when contact with blood, body fluids, wounds, etc. is possible.
- The addition of items of PPE beyond Standard Precautions is referred to as Transmission-based Precautions because they protect the staff member and resident based on ways the virus is transmitted (spread). That is, use of gowns and gloves can protect against the virus spreading through touching the ill person or contaminated items; the use of facemasks can protect against the virus spreading through droplets that are released when an infected person coughs or sneezes; the use of a fit-tested respirator (such as an N95) can protect against the virus spreading if it is released into and spread through the air, such as in aerosol-generating activities.
- A facemask should be worn by all staff while in the facility. Additional PPE should be worn in the situations described below. In situations in which PPE is recommended, staff should not substitute a cloth face covering in place of the recommended respiratory protection.
  - When a staff member needs to enter a resident's room or care area, gloves should be added to Standard Precautions.
  - A gown and eye protection should be added when performing an aerosol-generating procedure; during care activities where splashes and sprays are anticipated; and during high contact resident care activities, such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care.
  - If caring for a resident with symptoms of COVID-19, the resident must be isolated to his or her room with the door closed, and HCP should wear all recommended PPE during the care of

that resident. This includes fit-tested respirator or facemask **(if** fit-tested respirator is not available or fit-testing has not been conducted for a staff member), eye protection **(i.e.,** face shield that covers the front and sides of the face or goggles), gloves, and a gown.

- o If COVID-19 is identified in the facility or sustained transmission is occurring in the community, restrict all residents to their rooms (to the extent possible) except for medically necessary purposes. HCP should wear all recommended PPE for care of all residents in the affected unit or facility-wide depending on the availability of PPE and the prevalence of COVID-19 in the facility specifically and in the local community in general. Staff must don gloves, fit-tested respirator or facemask, eye protection, and gown for care of all residents on the affected unit (or facility-wide depending on the situation}. Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
- o When leaving the room in any of these scenarios, in a time of PPE supply availability, gloves, facemask, gown, and goggles/face shield should be removed according to prescribed doffing procedures. Disposable items should be put in a trash can provided near the exit of the room, and washable items placed in a plastic bag and taken to the area designated for such laundry . The staff member should perform hand hygiene.
- o Gowns and gloves should not be worn in common areas. Staff should doff and discard them and perform hand hygiene before entering common areas.
- o The facility should appoint trained staff members to continually observe PPE use and correct behaviors on all shifts to ensure proper use and safety.

Use of PPE, Summary Table:

What to Perform/Wear in Different Situations in long-Term Care

When	Hand Hygiene	Facemask	Gloves	Gown	Eye Protection	Fit-tested Respirator
All residents, all the time	X	X				
Within resident room or care area	X	X	X			
High contact activity	X	X	X	X	X	
Splash/spray possible	X	X	X	X	X	
Aerosol-generating procedure[1]	X	X	X	X	X	X
Caring for a **COVID-19 patient**	X	X	X	X	X	x2
All residents if outbreak*	X	X	X	X	X	x2

[1] Such as suction, ventilation, CPR, nebulizer treatments, etc.

[2] If available, otherwise wear facemask

*If the outbreak is limited to one wing/floor, and the PPE supply is limited, only HCPs providing resident care in that area need to wear all recommended PPE

EXTENDED USE OF PPE:

- In a time of shortage of PPE supplies, the facility may need to change disposal recommendations to extend the use of items in short supply.
    - No extended use or reuse option is available for gloves. Staff providing care to residents need to change gloves and perform hand hygiene between residents.
    - Facemasks, eye protection, and gowns have extended use options.
        - Extended use means keeping them on between residents or reusing items each time a person provides care for the same resident.
        - Any item of PPE should be removed and discarded if it becomes soiled, damaged, contaminated with blood or body secretions, or used in an aerosol-generating procedure.
        - It is important for staff to not touch the item of PPE while wearing it and to not touch their face. If the item or face is touched, hand hygiene needs to be practiced immediately.
    - Recommendations for extended use of gowns are as follows:
        - Allow reuse of gowns across more than one resident if they have the same diagnosis (e.g., in a COVID-designated unit), but NOT if a resident has another diagnosis, such as a multi-drug resistant organism (MORO) or *Cfostridium difficile* infection.
        - HCPs should not reuse gowns across residents who do not have the same diagnosis (e.g., in a mixed unit)
        - If gowns are in limited supply and residents have unknown COVID-19 status, limiting use of gowns to high-touch activities **(e.g.,** bathing} and not across residents may be considered
        - Other practices such as a gown per resident's room are not encouraged due to the high risk of self-cont amination (less risky is the practice of a gown per staff member per resident but there still exists a risk of self-contamination)
- More severe measures may be considered if PPE supplies reach a crisis point.
    - Examples include limiting use of items to situations where splashes are anticipated or close contact will be prolonged or substituting other products, such as safety glasses, lab coats or pat ient gowns, or cloth masks.
    - At these t imes, staffing changes may also be considered to protect the workforce, such as excluding HCP who are at high risk for severe illness with COVID-19 {over age 65 years, have underlying medical condit ions that increase their risk; htt ps:/ / www. cdc.gov/ coronavirus / 2019-ncov/need-ext ra-precautions/ people-at-hig her-risk.html) from caring for residents with COVID -19 and having HCP who have recovered from the disease provide care to residents with COVID -19. All disease control recommendations (e.g., screening, use of PPE) would remain in effect for everyone providing care to residents, even those who have recovered from the disease.
    - If such crit ical short ag es o ccur, consult with an infection preventionist or local health department for the best ways to protect staff and residents.
- More detail on optimizing the su pply of PPE is available in Attachment 2 and on CDC's website (Strat egies to Optim ize the Supply of PPE and other Equipment).

Extended Use of PPE in Times of Supply Shortages

- Not possible for gloves - always change gloves between residents when providing care
- Facemasks, eye protection - can keep them on between residents or reuse when caring for the same resident
- Gowns - limit use to high-touch acti vities, reuse for residents with same diagnosis only
- Remove and discard items that become soiled, damaged, contaminated with blood or body secretions, or used in an aerosol-generating procedure
- Don't touch item of PPE or face while wearing

RESIDENT SCREENING, MOVEMENT, AND MASKING:

- Actively screen all residents on each shift (during waking hours) for symptoms compatible with COVID-19. Take their temperature at least once per day. Immediately isolat e anyone who is symptomatic.
- Watch for any change in the resident that might indicate a new infection. Symptoms may include:
    - Fever (temperature 100°F},
    - Cough (new or different),
    - Shortness of breath,
    - Chills,
    - Muscle pain,
    - New loss of tast e or smell,
    - Vomiting or diarrhea
    - Sore throat
    - In addition, atypical symptms m ay occur in olderpersons:
        - New/worse tiredness or discomfort
        - New dizziness, increased falls
        - Confusion
- Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- Check on residents with symptoms more frequently to allow for the early detection of any decline in health status and need for a higher level of care.
- Report any new or worsening illness to facility nursing or other staff according to facility protocol.
- Resident movement, activities, and meal service should be provided in accordance with the nursing home reopeni ng guidance and Forward Virgin ia phase in effect at the time.
    - They should be allowed to leave the facility for medically necessary purposes.
    - If a resident leaves the room, he or she should cover the nose and mouth if possible (facemask preferred as long as supplies permit, otherwise use a cloth covering}. This applies if a resident needs to leave the facility to visit other medical facili tie s, such as transport to a hemodialysis facility .
    - If residents are outside their rooms, staff should ensure they remain 6 feet apart, have their nose and mouth covered (facemask preferred as long as supplies permit, otherwise use a cloth covering), return to their rooms as soon as possible, and wash their hands upon return.
    - Residents should cover their nose and mouth when a staff member is present in their room. This can be done with tissues or a cloth mask.
        - A resident needs to wear a facemask while in their own room only if COVID-19 is suspect ed or confirmed.
- If COVID-19 occurs in a resident of the facility, family members should be noti fied. The attached sample letters from the Virginia Health Care Association and LeadingAge Virginia may be used as a template (See Att achment 3}.

IF **ONE CASE OF COVID-19 OCCURS WITHIN THE FACILITY:**

- Any staff member who identifies any symptoms of COVID -19 in a resident needs to report it to nursing, the supervisor, or other person designated to receive these illness reports in the facility.
- Any ill staff member who develops these symptoms should report it to the supervisor or other designee, be sent home with a facemask on, and self -isolate e at home.
    - o They should be tested *as* soon as possible and residents they cared for while symptomatic or during the 48 hours before symptom onset rest ted to their rooms and cared for by staff wearing full COVID-19 PPE.
    - o If they test positive, the resident s they cared for should be cared for by staff wearing full COVID-19 PPE for 14 days and tested if symptoms develop.
    - o Other HCP who may have been exposed should be assessed for risk and for the need for exclusion.
    - o Testing of exposed residents or HCP or steps to take if more are found to be positive should be discussed with the local health department.
    - o Source: ht tps:lj www.cdc. gov/corona virus/ 2019-ncov/ hcp/nursing-homes-responding.html
- Ill resident:
    - o Maintain any ill resident in a private room With the door closed. Arrange for laboratory testing to be done as soon as possible. Nursing home residents who test positive should be moved to the COVID -19 care unit .
    - o A resident with suspected or confirmed COVID-19 needs to wear a facemask while anyone else is in their room.
    - o Staff entering the room should strictly adhere to PPE recommendations.
        - This includes fit-tested respirator or facemask (if fit-tested respirator is not available or staff member has not been fit-tested), eye protection (i.e ., face shield that covers the front and sides of the face or goggles), gloves, and a gown.
    - o Monitor residents with symptoms for any new or worsening symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam at least 3 times daily.
- Other residents:
    - o Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. (ht tps://www.cdc.gov/co ronavirus/ 2019-ncov/ hcp/nursing-hor o s-responding.html)
    - o Restrict all residents in the affected unit to their rooms (to the extent possible) except for medically necessary purposes.
    - o Monitor all residents diligently for any indication of new illness and alert nursing, the supervisor, or other person designated to receive these illness reports in the facility if any are detected.

° Facility management, in consultation with the local health department, may institute additional policies, including halting admissions, increasing monitoring of ill residents, and having HCP wear all

recommended PPE for care of all residents (regardless of symptoms) in the affected unit (or facility-wide depending on the situation).

- This includes using fit-tested respirator or facemask (if fit-tested respirator is not available or staff member has not been fit-tested), eye protection (i.e., face shield that covers the front and sides of the face or goggles), gloves, and a gown when caring for all residents on the affected unit (or facility-wide depending on the situation) .

- Notify family members.
  - The attached sample letters from the Virginia Health Care Association and LeadingAge Virginia may be used as a template (See Attachment 3).
- Any ill staff person or resident may be tested by the state public health laboratory (DCLS).
  - Specimens should be collected, labeled, packaged, and shipped in accordance with DCLS guidelines (https://dgs.virginia.gov/division-of-consolidated-laboratory-services/updates/hot-topics/) and local health department advice.
- Additional testing will occur for nursing home residents and staff in accordance with the nursing home reopening guidance, including baseline and weekly testing, and may be considered for other LTCFs.
- Nursing homes/skilled nursing facilities must enroll in CDC's National Healthcare Safety Network (NHSN) and enter data on the impact of infections on residents and staff, PPE supplies, and ventilator capacity and supplies to help identify problems and track progress. Other LTCFs are encouraged to do this, too. More details, including instructions on how to enroll in and use the system, are available at https://www.cdc.gov/nhsn/1tc/covid19/index.htm1.
- Consult with the local health department for further advice.

Reporting Positive COVID-19 Cases

All LTCFs: Notify your Local Department of Health - this is required by state regulation for nursing homes. Outbreak reporting is required for all LTCFs and important for discussing outbreak management and control

Enroll in and report weekly to CDC's National Healthcare Safety Network (NHSN). Required for nursing homes; recommended for other LTCFs

In Addition:
Nursing Homes: The VDH Office of Licensure and Certification requests a Facility Reported Incident (FRI) form

Assisted Living Facilities or Others Licensed by the Department of Social Services: DSS requests that you notify your DSS inspector

Also consider:

Engaging Your Regional Healthcare Coalition

IF MULTIPLE CASES OF COVID-19 OCCUR WITHIN THE FACILITY:

A COVID-19 outbreak in a LTCF is defined as suspected if one confirmed COVID-19 case and additional related cases with signs or symptoms are identified and as confirmed if two lab-confirmed cases are identified. Outbreaks must be reported to the local health department serving the city or county in which the facility is located as well as to the licensing agency for the facility.

- Coordinate with the local health department for outbreak management and testing to confirm the cause of the outbreak as recommended.
    - Testing of symptomatic residents and staff with direct contact to a confirmed case will be prioritized by public health.
    - Specimens must be collected, labeled, packaged, and shipped according to DCLS guidelines. (https://dgs.virginia.gov/division-of-consolidated-laboratory-services/updates/hot-topics/)

In **addition to continuing with steps taken prior to an outbreak, take the following actions:**

Facility-Wide:

- Ensure appropriate environmental cleaning and disinfection of all areas according to a set schedule Fand as needed whenever environmental contamination may have occurred. Refer to CDC's environmental cleaning and disinfection guidance for healthcare facili ties.
    - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified for use against SARS-CoV-2, the coronavirus that causes COVID-19, and follow EPA's 6 Steps for Safe and Effective Disinfectant Use {www.epa.gov/sites/ production/ files/ 2020-04/ documents/ disinfectants -onepager.pdf}.
    - High-touch surfaces should be cleaned and then disinfected on each shift. High touch surfaces include, but are not limited to bed rails, bed frames, bedside tables, call bells, remote controls, room chairs, and light switches.
    - Equipment should be cleaned and disinfected after each use.
    - See Attachment 4 for VDH tips on cleaning and disinfection in long-term care. Allow disinfecting agents to have adequate contact time on the surface being disinfected.
    - Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff interacting with positive residents. All staff in a unit need to have a clear understanding of who is responsible for cleaning what items and surfaces and the proper methods of doing so to ensure there are no inadvertent gaps in cleaning services.
- Maintain a line list to organize information about affected residents and staff (See Attachment S}.
- Ensure residents with suspected or confirmed COVID-19 are kept separate from other residents.
    - At a minimum, each should be isolated in his or her room with the door kept closed. Nursing homes will maintain separate units for providing care as noted in the nursing home reopening guidance.
    - If the number of confirmed positive residents increases, any LTCF is encouraged to discuss with your local health department the risks and benefits of using the pre-designated location within the facility where they could be cohorted together with dedicated staff to care for them and dedicated supplies and equipment that stay in that area.
- Wherever care is provided, strictly enforce infection control practices, including use of PPE.
- In an extreme situation in which the number of cases grows to the point where residents ill with COVID-19 symptoms cannot be maintained in an area of a facility, multiple facilities can collaborate to care for ill persons in one or more facility.

- This would require extensive transfer of residents between facilities and a great deal of discussion with the health department and the facilities involved in advance of implementation .
- Such moves can be traumatic for residents and staff and potentially be associated with disease transmission so need to be conducted only after careful planning and communication.
- Terminal cleaning of rooms is needed after a positive resident was removed from the room.
- CMS has provided guidance that pertains to these scenarios:
  - https:lj www.cms.gov/files/document/qso-20-25-nh.pdf

- Ensure adequate resources are available, including staff and supplies.
- Monitor ill residents (including documentation of temperature and oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
- · During an outbreak of COVID-19, closure of facilities **(e.g.,** LTCFs and other healthcare settings) to new admissions may be recommended as a standard part of VDH disease control measures. The decision to close a facility to new admissions should be made in consultation with the LHD and shall continue for at least 7 days. The following criteria should be met when making a decision on accepting new admissions or readmissions:
  - The number of COVID-19 cases identified in the facility (staff and residents) is decreasin g.
  - No evidence of widespread transmission of COVID-19 in the facility.
  - Facility is compliant with Infection Prevention and Control best practices.
  - For nursing homes - Enough space for cohorting positive versus negative residents and an observational unit for new admissions is available.
  - Adequate staffing, PPE, and other supplies are assured.
  - The facility has a plan to manage new admissions and readmissions.
- Additional testing will be conducted in nursing homes in accordance with the nursing home reopeni ng guidance and may be considered for other LTCFs.
  - Facility-wide laboratory testing to identify residents and staff who test positiv e for the virus that causes COVID-19 at a given point in time (point prevalence surveys) might be considered, and would need to be discussed with the local health department. (htt ps:/ / www.vdh.virginia.gov/ content/ uploads/sites/ 182/ 2020/ 04/PPS-Guidance -for-LTCF Con gregated -Sett ings-FINAL- 4-28-2020. pdf).
- Identify and update key messages regarding the status of the outbreak in the facility and coordinate communication among facility and health department spokespersons to ensure current and consistent information sharing.

Staff:

- Strictly enforce universal use of facemasks for HCP while in the facility.
  - Implement pre-established protocols for having HCP wear all recommended PPE {gown, gloves, eye protection, N95 respirator or facemasks) for the care of all residents, regardless of presence of symptoms.
  - Implement protocols for extended use of eye protection and facemasks, as necessary.
  - Follow all previously described infection control practices.
- Do not allow staff to work across units or floors. Apply this rule to non-clinical staff, including environmental services staff, as well as staff who normally provide services in multiple areas, such as therapists and hospice workers.

- Depending on the extent of spread, other LTCFs should consider cohorting staff to care for either ill or non-ill residents as is done in nursing homes.

- During an outbreak, it is best to restrict staff from working in more than one facility.
- Ensure consistent monitoring of staff health status, documenting temperature and absence of symptoms upon arrival to the facility. Monitoring must be done for each shift at each entrance to the facility. The form provided as Attachment 1 can be used to collect this information.
- CDC has established criteria for when a HCP with suspected or confirmed COVID-19 can return to work, based on whether or not they had symptoms. The return to work criteria are summarized below and available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Symptomatic HCP with suspected or confirmed COVID-19:

- *Symptom-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 10 days have passed *since symptoms first appeared*

- *Test-based strategy*. 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 COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart (total of two negative specimens)[lJ .

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

- *Time-based strategy*. Exclude from work until:
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

- *Test-based strategy* . Exclude from work until:
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ;;>:24 hours apart (total of two negative specimens).

Residents:

- Restrict residents to their rooms except for medically necessary purposes.

  - If they leave their room, residents should wear a facemask, perform hand hygiene, and limit their movement in the facility.
  - Social distancing should be maintained at all times.
- As stated above, ill residents must be confined to their rooms with the door closed. Nursing home care will be provided in special care units depending on symptom status and laboratory test result, as defined in the nursing home reopening guidance. If numbers of confirmed positive residents increases, residents of other LTCFs who are confirmed to have COVID-19 might also need to be cohorted in a specified *area* within the facility or *even* a dedicated separate facility for ill persons with dedicated HCP assigned to care for them (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ nursing-homes-responding.html). These situations should be discussed with the local health department.
- Roommates who have been exposed to a resident with COVID-19 should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit) . Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. {https:/ / www.cdc.gov/coron aviru s/ 2019-ncov/ hcp/nursin g-homes-responding.html)
- Admission/Readmission:
  - Virginia has released Guidance on Hospital Transfer and Admission of Patients to Long Term Care Facilities (LTCFs) During COVID-19 Emergency and the Hospital to Long Term Care Facility (LTCF) Transfer - COVID-19 Assessment to aid in decision-making and documentation of transfers between hospitals and LTCFs.
  - That guidance includes a protocol for patients positive for COVID-19 testing {Category 4), which states:
    - An LTCF can accept a new admission and readmission with a diagnosis of COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow CDC infection prevention and control recommendations for the care of COVI0-19 patients, including having adequate staffing levels and adequate supplies of PPE.
    - If transmission-based precautions have been discontinued AND patient's symptoms have resolved, a patient can be discharged back to the facility they came from. Hospital dischar ge planners should provide advanced notice to the LTCF for any transfer of a patient with COVID-19.
    - CDC's guidance for discontinuing transmission-based precautions is the same as the return to work criteria noted above for staff with COV ID-19 and can be found at: https:lj www.cdc.gov/coronavirus/ 2019-ncov/ hcp/ disposition-hospitalized pati ents.html
    - COVID-19 testing may be conducted based on hospital or health system protocols, but is not required prior to transfer of a resident from an acute care facility to a nurs i ng home (http s:/ / www .cd c.gov/ coronavirus/ 2019-ncov/ hcp/nursing-homes-responding.html)
  - A resident admitted or readmitted to the facility during the pandemic should be placed in a single person room or a separate observation area if their COVID-19 status is unknown. They

may be transferred out of that area in 14 days if no symptoms compatible with COVID 19 develop. All recommended PPE should be worn while caring for residents under observation. Source: https:/ / www.cdc.gov/ coronavirus/2019-ncov/hcp/ long-term-care.h trnl#int erim-guidance

- Discontinuation of transmission-based precautions:
  - The criteria for discontinuing transmission-based precautions are the same as those for a HCP returning to work. See text box above for the criteria or refer to http s:lj www.cdc.gov/ coronavirus/ 2019-ncov/ hcp/disp ositi on-hospit aliz ed-patients. html
  - VDH testing guidance: Clinicians can submit specimens to DCLS to inform the disco ntinuat ion of transmission-based precautions using the test-based strategy on healthcare workers, first responders, or persons returning to a congregate setting. Source: https :ll www.vdh.virginia .gov/coronavirus/ health -professionals/ vdh-uo dated-guidance-on-testing-for-covid-19/
- Update communications with family members to keep them informed of the status of the situation in the facility.

Local Health Department:

- The local health department is available to receive case and outbreak reports from the facility and provide the following services in response:
  - Advice regarding disease control measures to institute
  - Assessment of infection prevention practices in place and recommendations for improvement
  - Assistance with data collection and evaluation
  - Information regarding laboratory testing
    - Clinicians can pursue private laboratory testing on any patient for whom such testing is clinically indicated
    - Public health laboratory testing would be offered 1} if a staff member or resident of a long-term care facility develops symptoms compatible with COVID-19, 2} to confirm an outbreak in a long-term care facility, and 3) to conduct a point prevalence survey /baseline testing approved by the health department (htt ps:// www.vdh.virginia.gov/ content/ uoloads/ sit es/182/ 2020/ 04{PPS-Gui dance- fo r-l TCF Congregate d-Setti ngs-FINAl -4-28-2020. pdf).
  - Coordination on public messaging
  - Identification of community resources potentially available to meet identified needs (supplies or services)
  - Approval and coordination of point prevalence surveys and advice on steps to take based on the results

Public Health Laboratory Testing

- LTCF resident with symptoms compatible with COVID -19
- LTCF staff with symptoms compatible with COVID-19
- Confirm an outbreak
- Point Prevalence Survey

Consult with your local health department

Attachments:

1. VDH Daily Screening of Healthcare Personnel (HCP) Form
2. VDH Optimization Strategies for Personal Protective Equipment (PPE) in Long-Term Care Facilities
3. VHCA and Leading Age Template Letters for Family Members for Facilities Impacted by COVID-19
    a. VHCAVCAL Template Letter for Family Members if COVID-19 is Diagnosed
    b. LeadingAge - Positive Diagnosis - Letter to Residents and Families
    c. LeadingAge - Positive Diagnosis in Staff- Letter to Residents and Families
    d. LeadingAge - COVID-19 Death - Letter to Residents and Families
4. VDH Guidelines for cleaning and disinfection for SARS-CoV-2
5. VDH Line List for COVID-19 Outbreaks

Key Resources for Additional Information:

Centers for Disease Control and Prevention (CDC):

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Strategies to Optimize the Supply of PPE and Other Equipment
www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-strategy/index.html

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

Responding to COVID-19 in Nursing Homes
www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities
www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html

Centers for Medicare and Medicaid Services (CMS):

CMS COVID-19 Long-Term Care Facility Guidance, April 2, 2020
www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf

CMS 2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios, April 13, 2020
www.cms.gov/files/document/qso-20-25-nh.pdf

CMS Upcoming Requirements for Notification of Confirmed COVID-19 Among Residents and Staff in Nursing Homes, April 19, 2020
www.cms.gov/files/document/qso-20-26-nh.pdf

CMS Nursing Home Reopening Guidance for State and Local Officials (May 18, 2020)
www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf

Environmental Protection Agency (EPA):

EPA list of disinfectants for use against SARS-CoV-2
www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

VIRGINIA
DEPARTMENT
OF HEALTH

Planning for Point Prevalence Surveys in long-Term Care Facilities

Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCFs) and other congregate settings, Governor Northam and the COVID-19 Lo ng-Term Care Task Force have initiated the VDH Point Prevalence Survey (PPS) project. A PPS entails testing all individuals in a designated area of a facility, whether or not they have symptoms, on one day. Experience to date suggests that there are often positive but asymptomatic residents and staff in LTCFs, which contributes to silent transmission. The results will inform facility administrators about the extent and distribution of infection with the virus that causes COVID-19 on that specific day. A PPS is a powerful tool that can be used to intervene **early** in outbreaks, especially in LTCFs, as a PPS can help guide decisions regarding cohorting residents and staff.

This guidance describes a systematic approach to PPS testing and answers some important questions:

1. How can the facility prepare for a PPS?
2. When should a PPS be conducted and how?
3. What interventions should be implemented based on testing results?

If a LTCF is experiencing any barriers to conducting a PPS or needs assistance with the steps outlined below, please call your LHD.

I. Checklist Prior to Conductjng PPS

- Implement infection prevention and control recommendations included in the VDH Inrerim Guidance for Long-Term Care Facilities
  - Universal masking for source control
  - Adhere to the recommendations for cleaning and disinfection in healthcare settings
    - Ensure that high-touch surfaces and multi-use non-critical patient care equipment are frequently cleaned and disinfected (e.g., each shift)
- Implement best practices . Resources are described in the VDH LTCF Playbook.
  - Daily monitoring and reporting of staffing, personal protective equipment (PPE), number of sick residents and staff
  - Public health testing is available for staff and residents with COVID-19 symptoms in, or newly arriving to, LTCFs
  - Develop a collaborative network with healthcare systems and corporate organization
    - Utilization of telemedicine and real-time decision support (when possible)
  - Plan to communicate results with staff, residents, and families
  - Continuous infection prevention and control training and monitoring
- Make a plan for cohorting according to CDC guidance
  - Designate a portion of the facility (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19
    - The cohorting area should be physically separated from the rest of the care areas in the facility with clear signage
    - Positive and negative residents should not share common areas or bathrooms
      - Equipment should be dedicated to each cohort {positive and negative)

- 0 If equipment must be shared, make a plan to clean and disinfect equipment
- a Facilities might consider creating three types of units: Cold (negative C0VID-19 residents}, Warm (unknown C0VID-19 status, symptomatic residents who tested negative for C0VID-19, roommates of C0VID-19 positive residents or others considered exposed}, and Hot units (positive C0VID-19 residents}. That approach helps with cohorting staff and preserving PPE.
- 0 Assign dedicated HCP to work only on the C0VID-19 care unit
  - CJ Designate separate space (e.g., breakrooms, bathrooms} for HCP
  - CJ Cohort staff to care for positive or negative residents
- **Q** Make a plan for managing staff with positive or negative test results, which may include furloughing staff who test positive
- **0** Mitigate staffing shortages per CDC guidance
- **0** Increase staff incentives
- 0 Review staffing resources that may be available, as described in the VDH I TCF Playbook

11. Facility PPS Strategy

There are two strategies for PPS:

1. **Facilities with a COVID-19 outbreak** (or at least one confirmed C0VID-19 case}: PPS should be conducted for All staff and All residents regardless of the presence of symptoms. VDH is supporting this initiative and is collaborating with the Virginia National Guard (VANG} to conduct specimen collection and several laboratories to perform testing. The prioritization outlined below is based on the Commonwealth's data regarding the number of settings experiencing C0VID-19 outbreaks.
   a. Priority #1: Skilled nursing facilities/nursing homes, assisted living facilities
   b. Priority #2: Targeted units of state correctional facilities and local jails
   c. Priority #3: Other congregate living facilities (e.g., homeless shelter, group home, rehabilitation facility, or residentia l behavioral health facility}
2. **Facilities without any reported COVI0-19 cases:** Can consider a pre-emptive intervention where a random sample of 20% of residents and staff will be test ed. Facilities wishing to conduct this type of testing should work with a private laboratory. If all results are negative, retest the same group after 7 days or select another 20% sa mple. If any positives are detected, a facility-wide PPS should be conducted. VDH and public health resources can support a facility-wide PPS.

How to conduct a PPS

The goal is to collect specimens on all residents (or those on a particular wing/floor} and staff on one day. If there are more residents than lab testing/collection capacity for a specific day, specimen collection may be split over more than one day. The lHD will reach out to the facility to schedule testing; a facility can opt out of a PPS.

- o The facility is responsible for obtaining consent from residents or famil ies for testing.
- o The LHD or the VANG will deliver specimen collection supplies to the facility.

- The facility should identify staff to collect, label, and package the specimens {nasopharyngeal swab) . The facility should supply the necessary PPE for those who collect specimens (gloves, goggles, facemask).
    - The facility could use VANG to collect the specimens; VANG provides its own PPE.
    - Facility staff are responsible for collecting data on each resident tested, including name, date of birth, location within the facility, temperature, and signs or symptoms of illness.
- Specimens should be packaged and transported to the laboratory by DCLS courier, commercial courier (e.g., FedEX) or VANG transport.
- Results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens.

Ill. Recommendations Based on Results

Table 1. Resident Placement and Infection Prevention

	Tested Positive	Tested Negative
Symptomatic at the time of testing	• Should be cohorted on a (OVID-specific (hot) unit/facility • Transmission-based precautions until di !:ontinuatio n crite ria has been met	• Isolate away from both COVID positive and COVID negative residents, if possible (warm unit) • Retesting might be considered for further disposition guidance[1]
Asymptomatic at the time of testing	• Should be cohorted on a COVID-specific (hot) unit/facility • Transmission-based precautions until discontinuation criteria has been met	• Cohort with COVID negative residents' (cold unit)

·1r exposed to a confirmed COVID case (roommate or HCP): Retest resident

Table 2. HCP Work Exclusions

	Tested Positive*	Tested Negative[,.]
Symptomatic at the time of testing	• Exclude from work until all Return to Work Criteria are met	o If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis • If no alternative diagnosis, exclude from work until all Return to Work Criteria are met • Retesting might be considered for further evaluation
Asymptomatic at the time of testing	• Exclude from work until all Return to Work Criteria are met[•] • Retest if/when become symptomatic	• No work exclusions o HCP should continue to monitor for signs and symptoms • If HCP develops even mild symptoms, they must cease patient care activities, leave work and be retested

'1n severe staff shorta ge, consider the decision to let asymptomatic staff work ONLY with SARS-CoV-2 positive residents and positive staff . For more information refer to me Strate,:ies to Miti1We HCP Shorta es.

'HCP with previous positive test results who test negative during a PPS must meet all criteria In the test-based strategy (e.g., negative results from at least two consecutive respiratory specimens collected t:24 hours apart) to return to work.

Implementing Resident Cohorting Plan

The predetermined resident cohorting plan might not be feasible based on the number of positive residents and the types of rooms available, matching resident gender for room assignments, or a high census. If cohorting is not possible, two other alternatives might be considered:

1. Temporary physical barriers/screens/curtains that separate residents by at least 6 feet
2. Transport COVID-19 residents to a dedicated facility (if available and after consulting with the LHD)

Relocating Residents

If a facility decides to relocate residents who tested negative, the following should be communicated to the receiving facility:

- Residents should be quarantined for 14 days in a private room (if available) on transmission -based precautions.
- Close daily monitoring for COVID-19 signs and symptom s.
- o If a resident become s symptomati c, they should be rete $t ed.

Repeat Testing for HCP or Residents

- Decisions regarding retesting can be made in conjunction with the LHD.
- Use private laboratories for retesting if possible; public health resources may not be sufficient for retesting.
- Tables 1 and 2 list considerations for retesting individual HCP or residents. Additionally, retesting should occur for the following:
    - Retest COVID-19 negative residents or HCP with known exposure to infected residents (such as roommates) or HCP.
    - Retest residents who frequently leave the facility for dialysis or other services.
    - Retest HCP who are known to work at other healthcare facilities with cases of COVID-19.
    - Consider retesting to inform decisions when a resident with positive results can be moved out of COVID-19 ward.
- Subsequent PPS could be considered according to CDC guidance; consider retesting COVID-19 negative residents at regular intervals (e.g., weekly) until PPS do not identify any new cases.

New Admissions or Readmissions after a PPS

- Residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care (hot) unit.
- Residents who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit UNLESS the patient has persistent COVID-19 symptoms (e.g., persistent cough}, they should be placed in a single room (and/or on a warm unit), be restricted to their rooms and wear a facemask during care activities until all their symptoms are completely resolved.
- New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a warm unit.
    - All recommended COVID-19 PPE should be worn during care of residents.
    - Carefully consider staff cohorting on the warm unit.
    - Residents could be transferred out of the warm unit to a cold unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission).

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Coronavirus Disease 2019 (COVID-19) MENU

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated July 15, 2020 Fttr'll

Summary of Changes to the Guidance

Below are changes to the guidance as of July 15, 2020:

- Ad d ed language that prote ctive eyewear (e.g., safety glasses, trauma g lasses) with gaps between glasses and the face likely do no t pro tect eyes fr om all splashes and sprays.

Background

This inter im guidance has been updated based on currently availab le in formation about COVID -19 and the curren t situat ion in the United Stat es. As healthcare facilities begin to relax restrictions on healthcare services provided to patients (e.g., resta rt ing elective procedures), in accordance with guidance from local and state o fficials, there are precautions that should remain in place as a part of the ongoing response to the COVID- 19 pandemic. Most recommendations in this updated guidan ce are not new (except as noted in the summary of changes ab ove) ; they have been reorganized into the following sections :

- Recommended infection prevention and control (IPC) practi ces for routine healthcare delivery during the pandemic
- Recommended IPC practices when caring for a patient with susp ected or confirmed SARS-CoV-2 infection

This guidance is appl icabl e to all U.S. healthcare sett ing s. **This guidance is not intended for non-healthcare settings (e.g., schools) OR for persons outside of healthcare settings.** For information regarding modes of t ransmission, clinical management. air or ground medical transport, or laboratory settings, refer to the COVID-19 website.

Additional Key Resources:

- Strategies to Optimize the Supply of PPE and Equipment
- Criteria for Return to Work for Healthcare Personnel with Suspected or Con firm ed COVID-19 (Interim Guidan ce)
- Strategies to Mitigate Healthcare Personnel Staffing Sho1tages
- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healt hcare Personnel with Potential Expo sure to Coronavirus Disease 2019 (COVID 19)

- Disco ntinuat ion of Transmission-Based Precautions and Disposition of Patients with COVID -19 in Healthcare Settings (Interim Guid an ce)

1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic

CDC rec ommends u sin g additional infection prevention and control practices during the COVID-19 pandemic, along with standard pract ices reco mmended as a part of routine healthcare delivery to all patients. These practices are intended to apply to all patients, not ju st those with suspected or confirmed SARS CoV Z infection (See Section 2 for additional practices that should be used when cari ng for patients with suspected or confirmed SARS CoV-2 infection).

These additional practices include:

Implement Telehealth and Nurse-Directed Triage Protocols

- Continue to use telehealth strategies to provide high-quality patient care and reduce the risk of SARS-CoV-2 transmission in healthcare settings.
- When scheduling appointments for routine medical care (e.g., annual physical, elective surgery), instruct patients to call ahead and discuss the need to reschedule their appointment if they have sympto ms of COVID-19 on the day they are scheduled to be seen.
  - **If they don't have symptoms of COVID-1 9**, advise them that they shou ld still put on their own cloth face covering before entering the facility.
- When scheduling appointments for patients requesting evaluation for possible SARS-CoV-2 infect ion, use nurse-directed triage proto cols to determine if an appointment is necessary or i f the patient can be managed from home.
  - If the patient must come in for an app ointment, instruct them to call beforehand to inform triage personnel that they have symptoms of COVID-19 and to take appropriate preventive actions (e.g., follow triage procedures, put on their own cloth face covering prior to entry and throughout their visit or, if a cloth face covering cannot be tolerat ed, hold a tissue against their mouth and nose to contain respiratory secr etion s).

Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19

Although screening for symptoms will not identify asymptomatic or pre-symptoma tic individuals with SARS-CoV-2 infection , symptom screening remains an important strategy to identify those who could have COVID 19 so appropriate precautions can be implemented.

- Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a health care facility
  - Post visual alerts (e.g., signs, po sters) at the entrance and in strategic places (e.g., wait in g areas, elevators, cafeterias) to provide instructions (in appropr iate languages) about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etique tte , including alcohol -based hand san itizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles *for* disp osal, at healthcare facility entran ces, wait in g rooms, and patient check-ins.
- Limit and monitor points of entry to the facility.
- Consider establishing screen ing stations outside the facili ty to screen indiv iduals before tl1ey enter
- Screen everyone (patients, HCP, visito rs) entering the healthcare facility for symptoms consistent with COVID -19 or exposure to others with SARS-CoV-2 infection and ensure they are practic ing source control.
  - Activel y take their temperature and document absen ce of symptom s consistent with COVID-19. f ever is either measured temperature 1OO.O°F or subje ctiv e fever.

- Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV 2 infection.

- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine :
  - HCP should return home and should notify occupational health services to arrange for further evaluation.
  - Visitors should be restricted from entering the facility.
  - Patients should be isolated in an examination room with the door closed .
  - If an examination room is not immediately available, such patients should not wait among other patients seeking care.
    - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
    - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when **it is** their turn to be evaluated.
    - Depending on the level of transmission in the community, facilities might also consider designating a separate area at the facility (e.g., an ancillary building or temporary structure) or nearby location as an evaluation area where patients with symptoms of COVID-19 can seek evaluation and care.

Re-evaluate admitted patients for signs and symptoms of COVID-19

While screening should be performed upon entry to the facility, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among Admited patients should be properly managed and evaluated (e.g., place any patient with unexplained fever or symptoms of COVID -19 on appropriate Transmission-Based Precautions and evaluate).

Implement Universal Source Control Measures

Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

- Patients and visitors should, ideally wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow.
  - Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- HCP should wear a facemask at all times while they are in the healthcare facility, **including in breakrooms or other spaces where they might encounter co-w orkers.**
  - When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to sp l ashes and sprays of infectious material from others.
    - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.
  - To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering.
    - Respirators with an exhalation on valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.
  - HCP should remove their respirator or face mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

- Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

Encourage Physical Distancing

Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission.

Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to limit the number of patients in waiting rooms.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.
- Modifying in-person group healthcare activities (e.g., group therapy, recreational activities) by implementing virtual methods (e.g., video format for group therapy) or scheduling smaller in-person group sessions while having patients sit at least 6 feet apart.
  - In some circumstances, such as higher levels of community transmission or numbers of patients with COVID-19 being cared for at the facility, and when healthcare-associated transmission is occurring, facilities might cancel in-person group activities in favor of an exclusively virtual format.

For HCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include:

- Reminding HCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other.
- Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

Implement Universal Use of Personal Protective Equipment

- **HCP working in facilities located In areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).
  They should also:
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.
  - Wear an N95 or equivalent or higher-level respirator, instead of a facemask, for:
    - Aerosol generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings FAQ) and
    - Surgical procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat. oropharynx, respiratory tract) (refer to Surgical FAQ).

- Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath would compromise the sterile field.

- **For HCP working in areas with minimal to no community transmission,** HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP.

Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

In addition to the use of universal PPE and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2.
Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.

Facilities must balance the need to provide necessary services while minimizing risk to patients and HCP. Facilities should consider the potential for patient harm if care is deferred when making decisions about providing elective procedures, surgeries, and non-urgent outpatient visits. Refer to the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic for additional guidance.

Optimize the Use of Engineering Controls and Indoor Air Quality

- Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include:
  - Physical barriers and dedicated pathways to guide symptomatic patients through triage areas.
  - Remote triage facilities for patient intake areas.
  - If climate permits, outdoor assessment and triage stations for patients with respiratory symptoms.
  - Vacuum shrouds for surgical procedures likely to generate aerosols.
  - Reassess the use of open bay recovery areas.
- Explore options to improve indoor air quality in all shared spaces.
  - Optimize air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance).
  - Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.

Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others

Healthcare facilities should have a process for notifying the health department about suspected or confirmed cases of SARS CoV-2 infection, and should establish a plan, in consultation with local public health authorities, for how exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. The plan should address the following:

- Who is responsible for identifying contacts (e.g.,HCP, patients, visitors) and notifying potentially exposed individuals?

- How will such notifications occur?
- What actions and follow-up are recommended for those who were exposed?

Contact tracing should be carried out in a way that protects the confidentiality of affected individuals and is consistent with applicable laws and regulations. HCP and patients who are currently admitted to the facility or were transferred to another healthcare facility should be prioritized for notification. These groups, if infected, have the potential to expose a large number of individuals at higher risk for severe disease, or in the situation of admitted patients, are at higher risk for severe illness themselves.

Information about when HCP with suspected or confirmed SARS-CoV-2 infection may return to work is available in the Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.

Information about risk assessment and work restrictions for HCP exposed to SARS-CaV-2 is available in the Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19).

Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing resources to assist HCP with anxiety and stress. Strategies to mitigate staffing shortages are available.

2. Reco1nmended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection

Establish Reporting within and between Healthcare Facilities and to Public Health Authorities

- Implement mechanisms and policies that promote situational awareness for facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about patients with suspected or confirmed SARS-CoV-2 infection and facility plans for response.
- Communicate and collaborate with public health authorities.
  - Facilities should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.

Patient Placement

- For patients with COVJD-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows.
- If admitted, place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room with the door closed. The patient should have a dedicated bathroom.
  - Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients who will be undergoing aerosol generating procedures (See Aerosol Generating Procedures Section).
- Personnel entering the room should use PPE as described below.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed SARS-C oV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift.
  - Determine how staffing needs will be met as the number of patients with suspected or confirmed SARS-CoV-2 infection increases and if HCP become ill and are excluded from work.
  - It might not be possible to distinguish patients who have COVID 19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens might be cohorted on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should ideally

not be housed in the same room as a patient with an undiagnosed sed respiratory infection or a respiratory infection caused by a different pathogen.

- To the extent possible, patients with suspected or confirmed SARS CoV-2 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
- Limit transport and movement of the patient outside of the room to medically essential purposes.
  - Whenever possible e, perform procedures/tests in the patient's room.
  - Consider providing portable x ray equipment in patient cohort areas to reduce the need for patient transport.
- Communicate information about patients with suspected or confirmed SARS -CoV-2 infection to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.
- Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room.
- Once the patient has been discharged or transferred , HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is availabl e). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

Personal Protective Equipment

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nel

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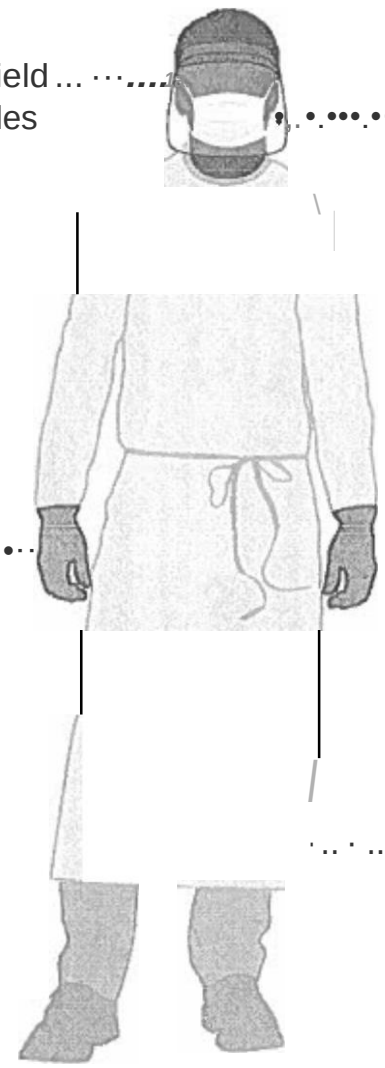
:Acceptable Alternative PPE - Use am ask

igher respirator
>irators are not
use the best
1lternative, like a

Face shield ... or goggles

Facemask
N95 or higher respirators are p referred but facemasks are an acceptable alternative.



One pair ..... of clean, non-sterile gloves

ion gown

..... Isolation gown

cdc.gov/COVID1

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HCP who enter the room of a patient with suspected or confirmed SARS-CaV-2 infection should adhere ta Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.

When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g.,tuberculosis, measles, varicella). Information about **the** recommended duration of Transmission -Based Precautions is available in the Interim Guidance for Discontinuation ofT ransmi ssion Based Precaution s and Disp osi tion of Hospitalized Patients with COVID-19.

- **Hand Hygiene**
  - HCP should perform hand hygiene before and after all patient contact , contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
  - HCP should perform hand hygiene by using ABHS with 60 95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.
  - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
- **Personal Protective Equipment Training**
  Employers should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I) . HCP must receive training on and demonstrate an understanding of:
  - when to use PPE
  - what PPE is necessary
  - how to properly don, use, and doff PPE in a manner to prevent self -contamination
  - how to properly dispose of or disinfect and maintain PPE
  - the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safe ly donn ing and doffing PPE.

The PPE recommended when caring for a patien t with suspected or con firmed COVI D-19 includes the following:

- **Respirator or Facemask** *(Cloth face coverings are NOT PPE and should not be worn for the care of patients with suspected or confirmed COVID-19 or other situations where use of a respirator* or *facemask is recommended.)*
  - Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended use strategies to optimize PPE supply. Other respirators include other disposable filtering facepiece respirator s, powered air purifying respirators (PAPRs), or elastomeric respirators.
    - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure . See appendix for respirator definition.
  - Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.
    - If reusable respirators (e.g.,powered air-purifying respirators [PAPRs) or elastomeric respirators) are used, they should also be removed after exiting the patient' s r oom or care area. They must be cleaned and disinfected according to manufacturer's reproce ssin g instru ction s p rior to re-use.
  - When the supply chain is restored, faciliti es with a respiratory protect on program should return to use of respirators for patients with suspected or confirmed SARS CoV- 2 in fec tio n. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a resp i rat or is recommended, should implement a respiratory protection program .

- **Eye Protection**
  - Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the *face)* upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE suppl y.
    - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
  - Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator.
  - Remove eye protection after leaving the patient room or care area, unless implementing extended use.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.
- **Gloves**
  - Put on clean, non-sterile gloves upon entry into the patient room or care area.
    - Change gloves if they become torn or heavily contaminated.

  Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene.
- **Gowns**
  - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

Facilities should work with their heal the department and healthcare coalition to address shortages of PPE.

Aerosol Generating Procedures (AGPs)

- Some procedures performed on patients with suspected or confirmed SARS-CoV-2 infection could generate infectious aerosols. Procedures that pose such risk should be performed cautiously and avoided if possible.
- If performed, the following should occur:
  - HCP in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown .
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
  - AGPs should ideally take place in an AIIR.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeaf or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur:
  - Specimen collection should be performed in *a* normal examination room with the door closed.
  - HCP in the room should wear an N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown .
  - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g.,intub ation) , instead of for collecting diagnostic respiratory spe cimens. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.

    Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Manage Visitor Access and Movement Within the Facility

- limit visitors to the facility to only those essential *for* the patient's physical or emotional well-being and care (e.g., care partner, parent}.
- Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets .
- If visitation to patients with SARS-CoV-2 infection occurs, visits should be scheduled and controlled to allow for the following:
  - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID 19) and ability to comply with precautions.
  - Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
  - Visitors should not be present during AGPs or other procedures.
  - Visitors should be instructed to only visit the patient room. They should not go to other locations in the facility.

Environmental Infection Control

- Dedicated medical equipment should be used when caring for patients with suspected or confirmed SARS-CoV-2 infection.
  - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-dean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 *in* healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
  - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS CoV-2.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the Healthcare Infection Prevention and Control FAQs for COVID-19

Appendix: Additional Information about Airborne Infection Isolation Rooms, Respirators and Facemasks

Information about Airborne Infection Isolation Rooms (AIIRs):

- AIIRs are single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation).
- Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation.
- Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
- Facilities should monitor and document the proper negative pressure function of these rooms.

Information about Respirators:

- A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.
- Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134). HCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NfOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.
- NIOSH information about respirators
- OSHA Respiratory Protection eTool
- Strategies for Optimizing the Supply of N-95 Respirators

Filtering Facepiece Respirators (FFR) including N95 Respirators

- A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly *referred* to as an N95). FFRs are disposable half facepiece respirators that filter out particles.
- To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called "fit testing" and is usually done in a workplace where respirators are used.
- Three key factors for an N95 respirator to be effective
- FFR users should also perform a user seal check to ensure proper fit each time an FFR is used.
- learn more about how to perform a user seal check
- A list of NIOSH-approved FFRs is located on the NIOSH Approved Particulate Filtering Facepiece Respirators **List.**

Powered Air Purifying Respirators (PAPRs)

- PAPRs have a battery-powered blower that pulls air through attached filters, canisters, or cartridges. They provide protection against gases, vapors, or particles, when equipped with the appropriate cartridge, canister, or filter.
- loose-fitting PAPRs do not require fit testing and can be used with facial hair.
- A list of NIOSH-approved PAPRs is located on the NIOSH Certified Equipment List.

Information about Facemasks:

- If worn properly, a facemask helps block respiratory secretions produced by the wearer from contaminating other persons and surfaces (often called source control).
- Surgical facemasks are cleared by the U.S. Food and Drug Administration (FDA) for use as medical devices. Facemasks should be used once and then thrown away in the trash.

Definitions:

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Source Control: Use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Facemasks and cloth face coverings should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Cloth face covering: Textile (cloth) covers that are intended for source control. **They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is available.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. Refer to the Appendix for a summary of different types of respirators.

Substantial community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces)

Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Last Updated July 15, 2020
Content source: National Center for Immunization and Respiratory Diseases (MCIRD), Division of Viral Diseases

AMERICAN HEALTH CARE ASSOCIATION

NATIONAL CENTER FOR ASSISTED LIVING

AHCA/NCAL Guidance: Accepting Admissions from Hospitals During COVID-19 Pandemic

REVISED March 30, 2020

Purpose

The purpose of this document is to provide guidance to long term care facilities (SNFs and Als) to determine when making decisions about accepting hospital discharges to LTC facilities. The decision-making and guidance are revised from March 20. The revisions are based on new evidence from CDC but may change as new data becomes available, the prevalence of COVID-19 varies in communities, hospital surge increases, or state officials issue additional orders. It is likely state public health officials may issue state or regional specific guidance that supersedes this guidance.

COVID-19 Epidemiology

The COVJD-19 virus disproportionality impacts the elderly, with mortality increasing in every 10-year cohort to approximately 30% for those over the age of 80 and with chronic disease. It also appears to spread easily between people, particularly since younger people often have mild symptoms and can be infectious to others without symptoms. In addition, the incubation period is 2-14 days, which raises concerns that individuals admitted from the hospital maybe infected but asymptomatic as they are in their incubation period.

CDC data published in its Morbidity and Mortality Weekly Report (MMWR) on March 27, 2020, found that 57% of elderly patients without symptoms tested positive for COVID-19, who later went on to develop symptoms seven days later. When they tested positive, they shed virus at levels that likely made them infectious to others. Based on this data, unless a person is **tested for COVID-19 and negative before admitting them to your** building, **you should assume** th e person **has COVID-19 regardless of their** having or not having **symptoms.**

Hospital Discharges to a LTC Facility

During the COVID-19 pandemic, the elderly will still have other medical problems that require hospitalization and post-acute care (e.g., strokes, CHF exacerbations, surgeries, etc.). The volume of some traditional post-acute admission has decreased as hospitals discontinuing most elective surgeries and elective admissions . However, hosp itals expect to see a surge in admissions nationally related to COVID-19 as already seen in some U.S. cities. Hospitals will need more post-acute care beds to help with this surge. CMS has also waived the 3-day stay requirement for all discharges, regardless of COVID-19 status, to allow hospitals to more easily create new beds for the surge in COVID-19 admissions.

As such, LTC facilities will face the challenge as to which hospital discharges they can accept. The decision-making process will vary depending on the ability of the LTC facility to manage residents who are COVID-19 positive or suspected to have COVID-19.

We stron gly urge LTC facilities to begin now creating separate wings, units or floors by moving current residents to handle admissions from the hospital and keep current resident separate, if possible. LTC facilities should also develop plans for consolidating residents between facilities to create "new" facilities to accept hospital discharges who may be COVID positive or negative or harboring the virus because testing is not available.

Transfers from LTC Facilities to the Hospital

A person with a positive test for COVID-19 or with fever or respiratory symptoms does not necessarily need to be hospitalized. They should be put in contact precautions and follow CDC guidance for COVID-19 positive or presumptive cases in long term care. If a resident requires IV fluids, oxygen and other treatments due to their respiratory symptoms, Medicare will allow you to switch the person over to Medicare Part A without a 3-day SNF stay.

Discussion with families and residents should occur about the risks of hospitalization with COVID-19 during this pandemic period. We urge members to update residents advanced directives accordingly after having these discussions.

Recommended Guidance for Admissions to LTC Facilities from the Hospital

The table below provides guidance on what to do with admission referrals whose COVID-19 status is positive, negative, or unknown. 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. Accepting residents from the hospital is also contingent on the LTC facility having adequate staffing levels and PPE to manage COVID positive residents. If not possible, the LTC facility should stop accepting all admissions until the facility has staffing levels and PPE to manage residents, which may not be at typical levels, prior to this pandemic.

Table 1: Accepting Hospital Admission

The following are potential steps that can be taken to reduce the spread of COVID-19 in your LTC facility. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new Strategies to optimize PPE supplies.
4. Limit contact with other residents as much as possible.
5. Limit the number of different staff interacting with a resident as much as possible and limit the number of times each staff enters a resident's room.
6. Cohort in rooms (and wings if possible) with similar residents (e.g. if COVID positive cohort with other COVID-19 positive residents or if unknown, cohort with other recent admissions from the hospital with similar status).
7. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.

	Patient is tested & COVID-19 negative[1]	**Patient COVID Status unknown (asymptomatic)[2]**	**Patient tests positive for COVID-19 in hospital or with COVID symptoms**
No COVID-19 threat (Usual circumstance)	Not Applicable: At this time, assume COVID is in your area.	Not Applicable: At this time, assume COVID is in your area	Not Applicable: At this time, assume COVID is in your area
COVID-19 cases present not in the surrounding hospital catchment area	Not Applicable: At this time assume COVID Is in your area	Not Applicable: At this time assume COVID is in your area	Not Applicable: At this time assume COVID is in your area.
COVID-19 cases present in the surrounding area or community of your hospital catchment area	Admit patient and • #1 per shift • #4 & #5 • #6 if possible	Do Not Admit unless #7 (then follow below)	Do Not Admit unless #7 (then follow below)
COVID-19 cases wide-spread in the surrounding area or community and hospitals are at or past capacity	Admit patient and • #1 per shift • #4 &#5 • #6 if. possible	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 **AND** Facility has adequate staffing levels and PPE to manage COVID positive residents	Admit patient only if • #7 if possible if not #2 or #6 AND • #1 per shift • #3, #4 and #5 AND Facility has adequate staffing levels and PPE to manage COVID positive residents

[1] *This includes patients hosp,tat,zed with COVID who have recovered and now test negative on at least one most recent test at discharge.*

[2] *For hospital discharges with respiratory symptoms or fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 negative they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 positive. Additionally, patients with fever and respiratory symptoms should have a negative flu test.*

NOTE: If the patient's condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidancefor Strategies to optimize PPE supplies

Centers for Disease Control and Prevention
CDC 24/7: Saving lives. Protecting Peoplem

Coronavirus Disease 2019 (COVID-19) MENU

Discontinuation of Transmission-Based Precautions and Dispositio_n of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Updated Aug 10, 2020 Pnnt

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Summary of Changes to the Guidance

Summary of Recent Changes as of August 10, 2020 to more closely align guidance with Decision Memo:

- For patients with severe to critical illness or who are severely irnrnunocompromised1, the recommended duration for Transmission-Based Precautions was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration of isolation using Transmission-Based Precautions .
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

Discontinuation of Transmission-Based Precautions for Patients with Confirmed SARS-CoV-2 Infection

The decision to discontinue Transmission-Based Precautions for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. [1] **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.**

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

Patients with mild to moderate illness who are not severely imnwnocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g.,cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised** [1] and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Note: For **severely immunocompromised** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patients had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which patients will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific patient populations. For example, patients with characteristics of severe illness may be most appropriately managed with at least 15 days of isolation under Transmission-Based Precautions.

Test-Based Strategy for Discontinuing Transmission-Based Precautions.

In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

The criteria for the test-based strategy are:

Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved, **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See **Interim** Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Patients who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimen for 2019 Novel Coronavirus (2019 nCoV).

Discontinuation of empiric Transmission-Based Precautions for Patients Suspected of Having SARS-CoV-2 Infection

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient with suspected SARS-CoV-2 infection can be made based upon having negative results from at least one respiratory specimen tested using an FDA-authorized molecular viral assay to detect SARS CoV-2 RNA.

- If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having SARS-CoV-2 infection is never tested, the decision to discontinue Transmission-Based Precautions can be made using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

Disposition of Patients with SARS-CoV-2 Infection

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments. It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations. Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.

If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), **AND**

- If Transmission-Based Precautions *are still required,* the patient should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of residents with SARS-CoV-2 infection. Preferably, the patient would be placed in a location designated to care for residents with SARS-CoV-2 infection.
- If Transmission-Based Precautions *have been discontinued,* the patient does not require further restrictions, based upon their history of SARS-CoV-2 infection.

SARS-CoV-2 Illness Severity Criteria (adapted from the NIH COVID-19 Treatment Guidelines)

Note: The studies used to inform this guidance did not clearly define "severe" or "critical" illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) 94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of > 3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction .

In pediatric patients, radiographic abnormalities are common and, for *the* most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

•The studies used to inform this guidance did not clearly define "severely immunocompromised." For the purposes of this guidance , CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant , untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-BasedPrecautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately , the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

last Updated Aug . 10, 2020

Content solirce: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Fri, Apr 17, 2020 at 1:27 PM
Subject: VDSS Updated COVID-19 Infmmation and FAQs
To: <DSS_LICENS ING@listse rv.cov.virginia.gov >

The attached files are being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this en1ail.

To unsubscribe from the DSS_LICENSING list , click the following link:
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SCROLL DOWN TO VIEW ATTACHMENT

COMMONWEALTH *of* VIRGINIA

DEPARTMENT OF SOCJAL SERVICES

DATE: April I 7, 2020

TO: Assisted Living Facility Providers

FROM: Tara D. Ragland, Director
Division of Licensing Programs

RE: Updated COVID-19 Guidance and FAQs

The Virginia Depa1tment of Social Services (VOSS), Division of Licensing Programs (DOLP), continues to closely monitor the COVID-19 pandemic and all guidance being distributed to healthcare facilities at the federal and state level. All links to the information discussed in this memo arc provided for you below.

This week, VOSS Commissioner Duke Storen, in accordance with Executive Orders issued by the Governor during the COVID-19 Pandemic, authorized temporary regulatory and operational flexibility for the DOLP. These leniencies for requirements that are burdensome to comply with during this pandemic will remain in effect through the end of the COVID-19 state of emergency.

VDSS is working in conjunction with Virginia Depaitment of Health (VDH) to gain a better understanding of your cu1Tent personal protective equipment (PPE) inventory status and facility capacity. We provided this information to you earlier this week, however if you did not receive the email, you can find the survey here. Please complete your sur vey by Friday, April 24, 2020.

VOSS DOLP has developed Frequently Asked Questions regarding assisted livin g facilities. Over the past few weeks, we have tried to capture the questions and answers to the infonnation facilities are seeking the most. We have also provided relevant links lo the most up-to-date infonnation and guidance regarding the COVID-19 pandemic.

On Friday, April 10, 2020, Gov. Ralph Northam announced a new task force to mitigate the spread of COVlD-19 in our long-term care facilities. Dr. Laurie Forlano, Deputy Commissioner for Public Health at the Virginia Department of Health, will lead the task force. This team is convening to develop strategies and implement systems to help long-tenn care facilities in outbreak responses. As a member of this task force, I am ded ic ated to ensuring assisted living facilities throughout the Commonwealth arc well represented.

The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) recently released new recommendations to state and local governments and long-te1m care facilities to help mitigate the spread of COVID-19. Please review the attached guidance as "best practices" for assisted living facilities in the Commonwealth.

The Virginia Depm1ment of Health (VDH) has recently released guidance on several issues, specifically outbreak repo11ing requirements for facilities, optimization strategies for personal protective equipment, and frequently asked questions regarding COVID-19 in facilities. I have included this info1mation, along with guidance from the American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) regarding collaboration with hospice services. Please review this very impo1tant information and share it with your staff.

I would like to reiterate how incredibly impo11ant it is for administrators and their teams to repo11 all confirmed COVID-19 cases to VDH and their VOSS inspector, as soon as they learn of a positive case in their facility. This allows facilities to get local health district and epidemiological assistance in obtaining any additional testing and resources that are necessary, based on their assessment and guidelines set by CDC and VDH.

If you have any questions or concerns, please contact your licensing inspector for assistance. Thank you for the ongoing eff011s you and your staff are making to provide quality care to residents during this unprecedented healthcare crisis.

Attaclunents:
State of Emergency Suspension of DSS Licensing Assisted Living Facilities (ALF) Regulation Requirements
https://www.dss.virginia.gov/files/ divisi on/licens ing/al f/int ro page/code regulations/regulations/ alf leniency lis t 04142020.pdf

COVID-19 Long-Tetm Care Facility Guidance April 2, 2020
https://www.cms .gov/files/document /4220-covid -19-long-term-care-facility- guidance.pdf

VDH Guidance on Outbreak Rep011ing Requirements for Facilities and Programs
http://www.vdh.virginia.gov/epidemiology /epid emiology-fact-:,hcets / outbr eak-reporting/?pd f=5743

Optimization Strategies for Personal Protective Equipment (PPE) in Long-Term Care Facilities
http: //www.vdh. vir ginia.gov/content/uploads /sitcs / 182/2020 /04/PPE -shortage- in-LTCFs-finaI.n_df

VDH Frequently Asked Questions (FAQs) on COVID-19 in Long-term Care Facilities
http://www.vdh.virginia. gov/content/uplo ads/sitesl182/2020/04/COVID- l 9 FAQ-LTCFs 03272_020..Qdf

Guidance on the Role of Hospice Services in LTC Facilities During COVID-19 Pandemic
hllps://www.ahcancal.org/faci lit y operations/disaster planning/Documents/Hospice Guidance.pelf

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS

COVID-19 Frequently Asked Questions
Assisted Living Facilities

The Virginia Department of Social Services (VOSS) is closely monitoring the COVIO-19 pandemic and federal guidance distributed to assisted living facilities (ALFs). VOSS 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 visit CDC's COVID-19 website dedicated to Healthcare Professionals frequently throughout the pandemic. This will ensure you seeing the latest and most up-t o-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. Hit "CTRL+click" on a topic below to go directly to that section.

A. Facility Operations and Decision Making

B. Social Distancing and Infection Control

C. Staffing and Personnel

D. Resources

A. FACILITY OPERATIONS AND 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 (COVJD-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 symptom s, perform hand

hygiene and use PPE, such as facemasks. These visitors should be limited to a specific room or designated are 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-assesment-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 AND 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 AND 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. This links addresses the most common topics:
     - https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID-19.pdf

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Tue, Mar 17, 2020 at 9:45 AM
Subject: COVID-19 Letter to Adult Programs - Updates
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to adult day care centers and assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

March 17, 2020

Dear Provider:

The Virginia Department of Social Services (VDSS), Division of Licensing Programs, is closely monitoring the COVID-19 pandemic and all guidance being distributed to healthcare facilities at the federal and state level. The American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) have developed guidance and resources to help protect the health, safety, and welfare of residents in assisted living facilities. Although this guidance does not include Adult Day Care Centers (ADCC), we are encouraging ADCCs to follow the same recommendations given to assisted living facilities, as these centers care for highly susceptible populations as well.

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.
- Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Handle visits for end-of-life situations on a case-by-case basis, including screening of visitors, use of personal protective equipment (PPE) and hand hygiene by visitors, and limited access to the facility (resident's room or location designated by the facility).
- Cancel all group activities and communal dining.
- Implement active screening of residents and healthcare personnel for respiratory symptoms including actively checking temperatures for fever (all healthcare personnel at beginning of shift and residents at least daily).
    - Document absence of symptoms
    - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat), other than residents, should not be permitted to enter the facility at any time (even in end-of-life situations).
- Screen and monitor residents when visitors, staff, or others report respiratory symptoms within 14 days of interacting with the residents.
- Identify staff that work at multiple facilities and actively screen and restrict them appropriately.

- Enforce sick leave policies for ill healthcare personnel that are non-punitive, flexible, and consistent with public health policies, allowing ill healthcare personnel to stay home.
- Pay particularly close attention to any orders issued by Governor Northam or other public health officials in the coming days, weeks, and possibly months.

This new guidance means facilities need to explore mechanisms to allow family members, ombudsmen, resident representatives, and others to communicate with residents.

Additional recommendations include:

- Having all staff and visitors enter and exit through one main entrance, allowing for proper screening of each staff member, visitor, and contracted healthcare worker.
- Reducing group activities and communal dining.

Below is a link that provides significant information for assisted living facilities, including a COVID-19 screening tool kit, information on Personal Protective Equipment (PPE), outbreak reporting, local health district locators, training materials for staff, and a sample notice to families to restrict visitors.
https://www.vhca.org/covid-19-resources/

AHCA/NCAL has also created video messages directed towards family members/visitors to stress the importance of social distancing for the protection of those in care in assisted living. Facilities are encouraged to distribute this video to family members using the link below:
Message for Families and Friends

It is imperative that you notify your local Virginia Department of Health and your VDSS Licensing Inspector immediately if there is confirmation of COVID-19 in your facility. Please follow guidance from VDH and the Centers for Disease Control (CDC) for all subsequent actions and precautions.

Thank you for your efforts and diligence to protect those in your care during these unprecedented times.

Sincerely,

Tara D. Ragland

Tara D. Ragland, Director
Division of Licensing Programs

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Thu, Mar 12, 2020 at 10:47 AM
Subject: Information on Community Resources - COVID-19
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to assisted living facilities from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

The attached COVID-19 Toolkit and health resource information is being provided to assisted living facilities.

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

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Information on Community Resources- COVID-19

The Virginia Health Care Association | Virginia Center for Assisted Living (VHCA-VCAL) toolkit contains helpful information for providers of long-term care services. These resources are designed to help prevent COVID-19 from entering skilled nursing facilities and assisted living communities. While some of the information is specific to nursing homes, assisted living providers will find the information on screening and managing visitors applicable when reassessing visitation practices. Thanks to VHCA-VCAL for allowing us to distribute this information.

At this time the Department of Social Services encourages our providers to pay close attention to recommendations regarding visitors and would strongly suggest limiting visitors and posting preventive infection control measures in the facility.

COVID-19-Screening Toolkit

VHCA-VCAL will continue to provide updates and post them on the *COVID-19 Resources* webpage as new information becomes available – please feel free to share that with anyone you feel could benefit from that information.

Remember to notify the Virginia Department of Health (VDH) immediately and your licensing inspector if there is confirmation of COVID-19 in your facility and refer to your infection control plan. VDH and Centers for Disease Control websites are continually updated with the latest information.

Virginia Department of Health- http://www.vdh.virginia.gov/

Centers for Disease Control- https://www.cdc.gov/coronavirus/2019-ncov/index.html

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Mon, Feb 3, 2020 at 2:46 PM
Subject: Virginia Department of Health- Information on the Coronavirus
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to assisted living facilities, adult day care centers, independent foster homes, child placing agencies, children's residential facilities, child caring institutions, child day centers, certified preschools, family day homes, voluntarily registered family day homes, family day systems, religiously exempt child day centers, short-term child day centers and unlicensed child day programs receiving child care subsidy assistance from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

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Novel Coronavirus (2019-nCoV)
Briefing for Local Emergency Managers

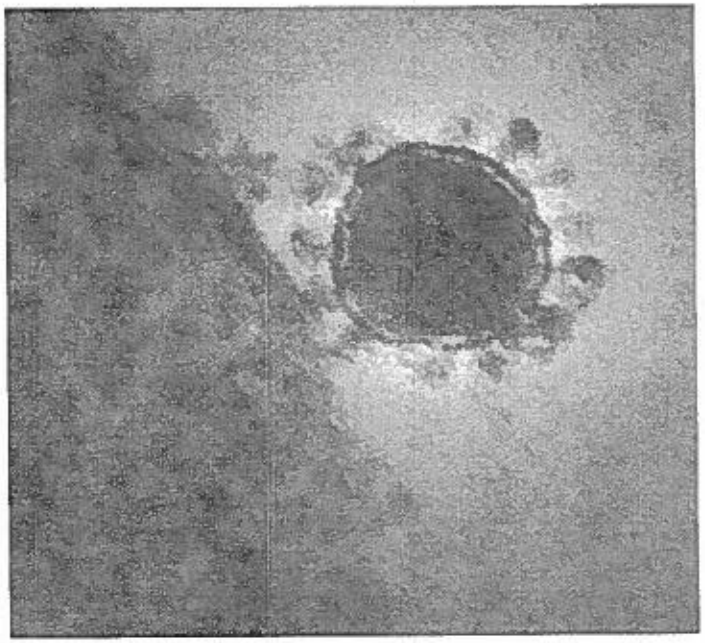
Lilian Peake, MD, MPH
State Epidemiologist
Director, Office of Epidemiology
Virginia Department of Health

January 31, 2020

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Coronaviruses that Infect People

- 4 cause common cold symptoms
- 2 (SARS and MERS) cause severe lung infection
- Spread through coughing, sneezing or close personal contact
- Symptoms start 2-14 days after exposure



2019 Novel Coronavirus - still learning about it

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

2019-nCoV Compared to Past CoV Epidemics

CoV	Origin	Cases	Deaths
2019-nCoV **As of 1/30/20***	Dec 2019 (China)	7,818	170 **CFR = 2-4%**
MERS-CoV	2012 (Saudi Arabia)	2,494	858 **CFR = 34%**
SARS-CoV	2002 (China)	8,098 (None since 2004)	774 **CFR = 10%**

*Reported by the World Health Organization

Sources: www.who.int/health-topics/coronavirus; diseases/novel-coronavirus-2019/situation-reports/

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

How Contagious Is It?

Disease	R_0
MERS-CoV	< 1
Seasonal influenza	1-2
2019-nCoV	Estimates as of 1/30/20: 1.4-3.0
SARS-CoV	3
Measles	12-18

Source: www.who.int/emergencies/diseases/novel-coronavirus-2019

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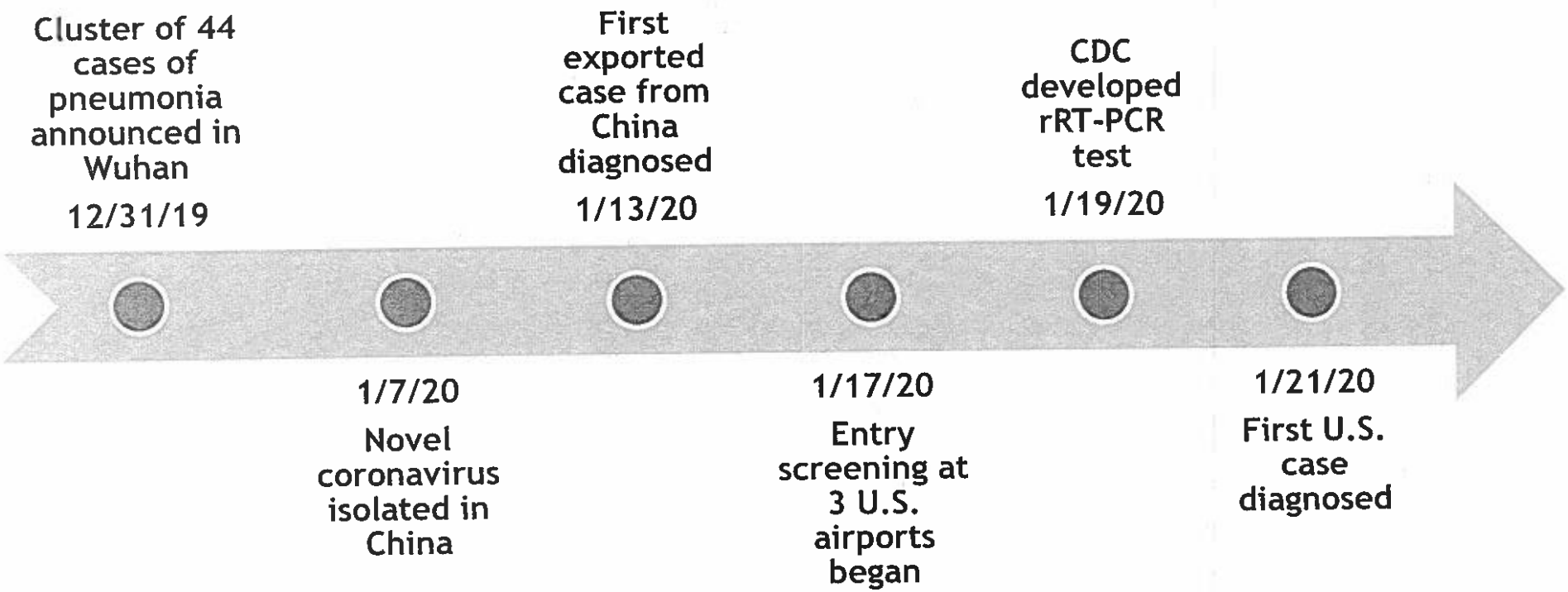
To protect the health and promote the well-being of all people in Virginia.

When Did the Outbreak Start?



Source: www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

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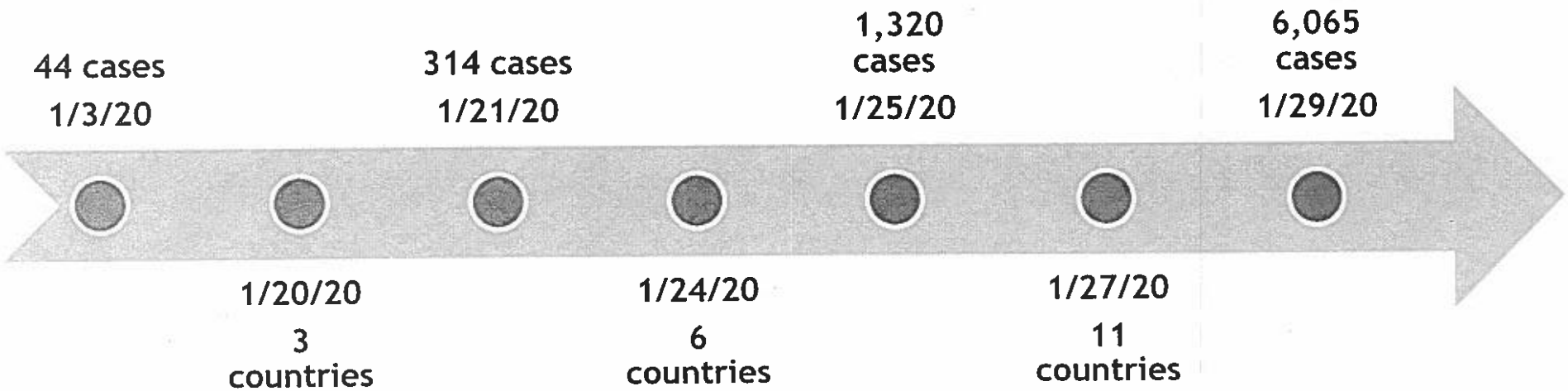
To protect the health and promote the well-being of all people in Virginia.

How Many People Are Sick?



Confirmed Cases as of 1/30/20 Reported by the World Health Organization	
Total	7,818 cases
China	7,736 cases; 170 deaths
Outside of China	82 cases; 18 countries
United States	6 cases

Source: www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Who Should Be Tested for 2019-nCoV?

As of 1/30/20

Patients who have:

Fever **AND** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND** in the last 14 days before symptom onset:

- History of travel from Wuhan, China **OR**
- Close contact with a person who is under investigation for 2019-nCoV while that person was ill

OR

Fever **OR** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND** in the last 14 days before symptom onset had close contact with an ill laboratory-confirmed patient with 2019-nCoV

Source: www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

What Is the Risk for Virginians at this Time?

- As of 1/30/20, 6 cases in the United States
  - WA, IL, CA (2), AZ (2)
  - More cases likely
- Not spreading in the community in the U.S.
- Immediate risk to general public is low
  - People exposed to ill persons are at greater risk - family members and healthcare workers caring for patients with 2019-nCoV
- Situation is evolving
  - Future risk will depend on how well the virus spreads and how sick it makes people

Source: www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

How Is the U.S. Responding?

- Public health entry screening at 20 U.S. airports
- CDC Level 3 Travel Advisory - Avoid all nonessential travel to China
- Surveillance
- Diagnostic test developed
- Ongoing research for medicine to treat sick with 2019-nCoV
- Started on vaccine development
- Information and guidance

How is VDH Responding?

- Established ICS structure to coordinate the public health response
  - Daily command meetings
  - Weekly situation reports
- Working closely with clinical providers and CDC EOC to find, isolate, and diagnose cases early to help prevent further spread
- Case managing patients who are being tested for the virus
- Identifying contacts of those patients

How is VDH Responding?

- Engaging with clinical providers, other state agencies and community partners to raise awareness and provide most current information
- Providing guidance for clinical providers and local health departments for case investigation, infection control and testing
- Developing an Incident Action Plan (IAP) in preparation for the potential of further spread within the U.S.

How is VDH Responding?

- Education and information
  - www.vdh.virginia.gov/coronavirus
  - Press releases
  - Plans in place to active statewide call center if necessary
  - Targeted outreach and education
    - Colleges and universities
    - Department of Education
    - Department of Emergency Management and local emergency managers
    - Virginia Hospital and Healthcare Association

What Should Emergency Managers Do?

- Maintain open lines of communication with your local health department through the District Health Director and District Emergency Coordinator
- Collaborate with local public health, EMS and healthcare partners
- Review emergency operations plan, continuity plan, etc.
- Maintain situational awareness through trusted sources
- Direct residents to www.vdh.virginia.gov/coronavirus

What Do EMS Providers Need to Know?

- **Obtain a travel history from patients with fever and acute respiratory illness**
- **Infection Control**
  - For Patients Under Investigation (PUI), place a face mask on the patient as soon as possible
  - Use standard precautions, contact precautions, and airborne precautions
  - Use eye protection (goggles or face shield) when treating and transporting
- **Transport**
  - Transport to closest appropriate facility
  - Place patient in an appropriate isolation room at the facility
  - Hospitals should be notified before arrival that the patient is a PUI
- **Decontamination**
  - Use any EPA-registered hospital disinfectant on work surfaces and equipment
  - Follow manufacturer's recommendations for use-dilution (i.e., concentration), contact time, and care in handling

Take Home Messages

- Rapidly evolving situation
  - Case counts will grow in the coming days and weeks
  - Interim guidance will change
- Vigilance, frequent communication, and coordination across healthcare, public health, emergency management and other partners is critical
- More to learn about virus source, transmission factors and risks
- Promote flu and respiratory infection prevention
- Updates will be communicated via www.vdh.virginia.gov/coronavirus as more information is available

Resources

Virginia Department of Health (VDH)

- 35 Local Health Districts
- www.vdh.virginia.gov/coronavirus
- Respiratory@vdh.virginia.gov

Centers for Disease Control and Prevention (CDC)

- www.cdc.gov/coronavirus/2019-nCoV

World Health Organization (WHO)

- www.who.int/emergencies/diseases/novel-coronavirus-2019

Thank you!

From: **Edwina Williams** <edwina.williams@dss.virginia.gov>
Date: Wed, Jul 24, 2019 at 2:18 PM
Subject: Resource for the Control of Respiratory Illness
To: <DSS_LICENSING@listserv.cov.virginia.gov>

This file with two attachments are being sent to assisted living facilities and adult day care centers from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

Good Afternoon,

Please see the attached documents from the Virginia Department of Health regarding the increase of respiratory illnesses in long-term care facilities, residential and day programs. If you have any questions or have a suspected or confirmed respiratory outbreak, contact your licensing inspector.

Thank you.

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

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COMMONWEALTH of VIRGINIA

Department of Health

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

PO BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

July 19, 2019

Dear Colleague,

Since the end of flu season, the Virginia Department of Health has received increased reports of respiratory illness across the Commonwealth, greater than observed in previous summers. Recent illnesses have mainly involved older adults or persons with chronic medical conditions in assisted living and long-term care facilities. Cases have not been associated with the same pathogen—multiple pathogens have been reported, including those causing pertussis, influenza, *Haemophilus influenzae* infection, Legionnaire's disease, and pneumonia caused by rhinovirus, or human metapneumovirus. With high temperatures in the forecast, VDH is also concerned about exacerbation of lung or heart disease and other heat-related illnesses.

Certain groups are higher risk for developing severe respiratory illness, including young children, adults aged 65 years or older, those with chronic medical conditions (e.g., asthma, chronic obstructive pulmonary disease), and those with weakened immune systems. Early diagnosis and treatment are critical to minimize disease severity and further transmission. Commercial laboratories can be used to detect infectious pathogens that cause respiratory illness. For legionellosis, which occurs more frequently during the summer, both culture of respiratory specimens using specialized media and urine antigen test to detect *L. pneumophila* serotype I are recommended when testing patients with pneumonia.

In addition to having a heightened awareness for respiratory illnesses, VDH asks that healthcare providers consider the following:

- Report suspected and confirmed cases of diseases listed on the Virginia Reportable Disease List to the local health department. Certain conditions and all outbreaks, regardless of the cause, require immediate reporting. For some conditions (e.g., invasive *Haemophilus influenzae* infection), testing of culture isolates at Virginia's Division of Consolidated Laboratory Services is required.
- Depending on the pathogen and its spread, infection control precautions or timely administration of postexposure prophylaxis might be required to prevent further illnesses.
- Remind your patients to take precautions to avoid heat-related illness.

Thank you for all you do to protect all people in Virginia. I hope you and your patients have a safe, healthy summer.

Sincerely,

M. Norman Oliver, MD, MA
State Health Commissioner

VDH VIRGINIA DEPARTMENT OF HEALTH

COMMONWEALTH of VIRGINIA

Department of Health – Office of Epidemiology

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

PO BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

July 23, 2019

Since the end of influenza season in May, the Virginia Department of Health (VDH) has received increased reports of respiratory illness across the Commonwealth greater than observed in previous summers. Residents of long-term care facilities (LTCF) and other residential or day programs can experience severe and fatal illness because of commonly circulating respiratory pathogens. This guidance outlines recommendations to control viral and bacterial respiratory outbreaks in Virginia, including influenza outbreaks. Any suspected outbreaks should prompt immediate action and response as outlined below. Thank you for your efforts to keep your residents and staff healthy. Please call your local health department (LHD) http://www.vdh.virginia.gov/local-health-districts/ with any questions.

Definition of a Respiratory Outbreak in Long-Term Care Settings

1. Two or more residents of the same wing or unit develop respiratory illness within 72 hours of each other **OR**

2. One laboratory-confirmed case (e.g. influenza, respiratory syncytial virus, parainfluenza, human metapneumovirus, adenovirus, *Haemophilus influenza,* invasive group A streptococcus) in a resident along with other cases of respiratory illness in the same wing or unit **OR**

3. An increase over the normal background rate of acute respiratory illness cases, with or without fever, overlapping in place or time

Note elderly persons and other long-term care residents, including the medically fragile, may manifest atypical signs and symptoms and may not have fever.

Action Steps

The following steps should be taken immediately by the LTCF with LHD coordination when respiratory outbreaks are suspected:

Testing and Reporting

- The LTCF should report every suspect or confirmed respiratory outbreak to their LHD. Refer to the Virginia Reportable Disease List http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf

- Develop a plan for respiratory pathogen testing with your LHD. The Division of Consolidated Laboratory Services (DCLS) may be able to provide testing support to confirm outbreak etiology.

- Conduct active surveillance for respiratory illness among residents, staff, and visitors until at least one week after the last known illness has occurred.

Infection Control

- Institute **droplet precautions** as appropriate, including the use of surgical masks upon entering the resident's room and eye protection during procedures and activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. In addition, **contact precautions** are recommended for respiratory outbreaks in residential facilities when the pathogen is unknown, due to high frequency of direct and indirect contact. **Droplet and contact precautions should be maintained until the pathogen has been identified and pathogen-specific instructions are made.**

- Post hand hygiene signs and provide alcohol-based handrub. See examples here https://www.cdc.gov/handhygiene/campaign/promotional.html

- Emphasize respiratory hygiene and cough etiquette. Provide tissues and surgical masks at facility entrances and common areas. For more guidance see https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

- Review influenza vaccination status of residents and staff. Vaccinate all unvaccinated residents with the current seasonal influenza vaccine unless medically contraindicated. Offer vaccination to staff at no charge.

- If influenza is suspected or confirmed, consult with the facility medical director regarding antiviral treatment and prophylaxis.

- If a bacterial pathogen is suspected or confirmed, consult with the facility medical director regarding antibacterial treatment and prophylaxis.

- Cohort and/or isolate ill residents as feasible. Limit group activities. Restrict symptomatic residents to their rooms except for medically necessary purposes.

- Restrict ill staff from resident care for at least the duration of their illness. Restrict movement of other staff between resident units.

- Apply the facility policy for restriction of ill visitors; consider restriction of all visitors. Provide communication about the outbreak to visitors and families.

- Implement the facility policy for limiting or deferring new admissions as appropriate.

- Educate staff on the signs and symptoms of various respiratory pathogens, testing procedures, and appropriate control measures.

Additional Information

- VDH Influenza Information for Healthcare Professionals and Facilities http://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-information-for-healthcare-professionals-and-facilities/

- Centers for Disease Control and Prevention (CDC), Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

- Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza https://www.idsociety.org/practice-guideline/influenza/

- CMS and CDC Nursing Home Infection Preventionist Training Course (2019) https://www.train.org/cdctrain/training_plan/3814

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VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia

A State of Emergency Has Been Declared for Virginia in Response to COVID-19

STANDARD PRECAUTIONS

Isolation precautions are used to reduce transmission of microorganisms in healthcare and residential settings. These measures are designed to protect patients/residents, staff, and visitors from contact with infectious agents. There are two categories of isolation precautions: standard precautions and transmission-based precautions. In 2007, the Healthcare Infection Control Practices Advisory Committee (HICPAC) published recommendations to for how and when to apply standard and transmission-based precautions in healthcare settings, including a table of selected infections/conditions and the type and duration of precautions that are recommended.

Infection prevention strategies are geared toward breaking the "chain of infection" or "chain of transmission" . In order for an infection to occur, each link of the chain must be connected. Breaking *any* link of the chain can stop the transmission of infection.

The six links of the chain of infection are:

- **Infectious disease** (any microorganism such as a bacterium or virus that can cause disease)
- **Reservoir** (place where an infectious disease lives, thrives, and reproduces)
- **Portal of exit** (place where the organism leaves the reservoir)
- **Mode of transmission** (how an infectious disease transfers from one person or object to another person)
- **Portal of entry** (place where the infectious disease enters the body of a susceptible host)
- **Susceptible host** (a person at risk for developing an infection)

In healthcare facilities, it is also important to create a culture of safety and to encourage effective communication between healthcare providers, patients, and family members to help prevent infection. *Partnering to Heal* is a computer-based, video-simulation training program developed by the Department of Health and Human Services that highlights these themes of communication and creation of a patient safety culture. Users assume the identity of one of five main characters and make decisions about preventing HAIs in the hospital setting.

Standard precautions are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another. Because we do not always know if a person has an infectious disease, standard precautions are applied to every person every time to assure that transmission of disease does not occur. These precautions were formerly known as "universal precautions."

Hand Hygiene

Personal Protective Equipment

Cleaning of the Environment

Safe Injection Practices

Patient Resources

Disinfection and Sterilization

Bloodborne Pathogens

Vaccination Information for Infection Preventionists

Occupational Health Tools and Resources

Patient/Resident Care Equipment

- Handle in a manner that prevents transfer of germs to others and to the environment
- Wear gloves if equipment is visibly contaminated
- Perform hand hygiene.

Appropriate patient/resident placement

- Prioritize for placement in a single-patient/resident room if the patient/resident is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hand hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.

Handling of textiles/laundry

- Handle in a manner that prevents transfer of microorganisms to others and to the environment.

Respiratory Hygiene/Cough Etiquette

- Maintain spatial separation (at least 3 feet) or wear a surgical mask, if the person is able to tolerate it.
- Cover mouth/nose when coughing/sneezing.
- Use tissues and promptly dispose of them in trash.
- Perform hand hygiene after soiling hands with respiratory secretions.

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TRANSMISSION-BASED PRECAUTIONS

There are three types of transmission-based precautions: contact precautions (for diseases spread by direct or indirect contact), droplet precautions (for diseases spread by large particles in the air), and airborne precautions (for diseases spread by small particles in the air). Each type of precautions has some unique prevention steps that should be taken, but all have standard precautions as their foundation.

Contact Precautions

- Used for patients/residents that have an infection that can be spread by contact with the person's skin, mucous membranes, feces, vomit, urine, wound drainage, or other body fluids, or by contact with equipment or environmental surfaces that may be contaminated by the patient/resident or by his/her secretions and excretions.
- Examples of infections/conditions that require contact precautions: Salmonella, scabies, Shigella, and pressure ulcers.
- In addition to standard precautions:
  - Wear a gown and gloves upon room entry of a patient/resident on contact precautions.
  - Use disposable single-use or patient/resident-dedicated noncritical care equipment (such as blood pressure cuffs and stethoscopes).
- For certain organisms likely to have spores (like Clostridium difficile) and some disease with ongoing transmission (like Norovirus), "special" contact precautions are needed. In addition to the measures above, perform hand hygiene using soap and water and consider use of a hypochlorite solution (e.g., bleach) for environmental cleaning.

Droplet Precautions

- Used for patients/residents that have an infection that can be spread through close respiratory or mucous membrane contact with respiratory secretions.
- Examples of infections/conditions that require droplet precautions: influenza, N. meningitidis (one of the causes of meningitis), pertussis (also known as "whooping cough"), and rhinovirus (also known as the "common cold").
- In addition to standard precautions:
  - Wear a mask upon room entry of a patient/resident on droplet precautions.
- A single patient/resident room is preferred. If not available, spatial separation of more than 3 feet and drawing the curtain between beds is especially important.
- Patients/residents on droplet precautions who must be transported outside of the room should wear a mask if tolerated and follow respiratory hygiene/cough etiquette.

Airborne Precautions

- Used for patients/residents that have an infection that can be spread over long distances when suspended in the air. These disease particles are very small and require special respiratory protection and room ventilation.
- Examples of infections/conditions that require airborne precautions: chickenpox, measles, and tuberculosis.
- In addition to standard precautions:
  - Wear a mask or respirator prior to room entry, depending on the disease-specific recommendations. Most diseases will require N95 or higher respiratory protection.
  - Place patient/resident in an airborne infection isolation (AII) room – a single-person room that is equipped with special air handling and ventilation capacity.
    - If the facility does not have an AII room, place the person in a private room with the door closed until the person is transferred to another facility with an AII room.
- When possible, non-immune healthcare workers should not care for patients/residents with vaccine preventable airborne diseases (like measles and chickenpox).

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LONG-TERM CARE SETTINGS

Long-term care (LTC) facilities provide a variety of medical and non-medical services to people who have a chronic disease or disability. These settings may include but are not limited to: nursing homes (NH)/skilled nursing facilities, inpatient rehabilitation facilities, assisted living facilities (ALF), hospice, senior day care services, and long-term acute care hospitals.

Infection Prevention for Respiratory Outbreaks in Long-Term Care Settings. For additional information, see the July 2019 clinician letter from the State Health Commissioner.

Special considerations for infection prevention in these settings:

- An increasing number of individuals in the United States is receiving care in LTC facilities. These residents have growing medical complexity and care needs, and increasing exposure to devices and antibiotics.
- Patients/residents may transfer in and out of long-term care with some frequency, so appropriate communication of medical history, including antibiotic use, devices, past infections, and risk factors is critical.
- Scientific literature on the prevalence of healthcare-associated infections (HAI) and evidence-based prevention practices in these settings is limited.
  - No standardized system for HAI surveillance has been adopted nationally.

VDH reports and projects

- Assisted living facility and nursing home infection prevention needs assessment report
- VHQC/VDH *Clostridium difficile* infection prevention collaborative for long-term care and acute care facilities (2012-2013)
- Urinary tract infection prevention collaborative (June 2011 – December 2011)

Reporting requirements

- Virginia reportable disease list
  - Outlines diseases and conditions (including outbreaks) that are reportable to the local health department by physicians, directors of medical care facilities (such as nursing homes), and directors of laboratories.
  - Assisted living facilities are required to call the health department whenever they suspect an outbreak may be occurring but are not required to report individual cases of the reportable diseases/conditions. If an ALF resident has a reportable disease/condition, his/her physician is responsible for reporting to the local health department.
  - Part of the *Regulations for Disease Reporting and Control*

Successful Strategies for the Prevention of Urinary Tract Infections in Long-Term Care TOOLKIT (Fall 2011)

This toolkit compiles UTI definitions, regulations, tools, policy templates, educational resources, and presentations addressing appropriate management and treatment in long-term care settings. It also incorporates related material from *Successful Strategies for Infection Prevention and Control in Assisted Living Facilities and Nursing Homes TOOLKIT*.

Successful Strategies for Infection Prevention and Control in Assisted Living Facilities and Nursing Homes TOOLKIT

This toolkit contains infection prevention presentations, resources, and tools that have been adapted for the assisted living facility (ALF) and nursing home (NH) setting whenever possible. The toolkit has been made available to ALFs, NHs, local health departments, and licensing agencies in the Commonwealth of Virginia.

These documents have been developed from published evidence-based research, standards of practice, or recommendations obtained from the Centers for Disease Control and Prevention (CDC), Healthcare Infection Control Practices Advisory Committee (HICPAC), Occupational Safety and Health Administration (OSHA), Centers for Medicare and Medicaid Services (CMS), licensing agencies, professional organizations, or other recognized sources.

How to Use: These documents are meant to supplement the *Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes* training and may be adapted for use in your facility. Resources were copied onto DVDs and shared so that facility staff may make copies, use materials to provide education to others, and customize tools as necessary. If a document is not available in a version that is editable but you wish to customize it, please contact the VDH HAI Program for help. Most fact sheets and guidelines are dated within the document. Other signs, templates, and Powerpoint presentations produced by VDH or other agencies have the date of production *italicized* in parentheses next to the name.

The toolkit is meant to introduce and summarize, and does not replace published standards and regulations. Refer to the toolkit component, "Infection Prevention Resources and Guidelines for Assisted Living Facilities and Nursing Homes", to help access additional documents and contact your local health department or the VDH HAI Program with questions.

Individual toolkit components can be downloaded below.

Introduction

- Title Page (*Fall 2011*)
- Overview: Infection Prevention Toolkit for Virginia ALFs and NHs (*Fall 2011*)
- Assisted Living and Nursing Home Organizational Partners (*Summer 2011*)
- Table of Contents (*Fall 2011*)
- Training Agenda (*Fall 2011*)

Presentations

- Successful Strategies for Infection Prevention in Assisted Living Facilities and Nursing Homes: Introduction and Welcome (*Summer 2011*)
- Infection Prevention and Control: What Infections Are and What We Can Do to Prevent Their Spread in Our Facilities (*Summer 2011*)
- Infection Prevention and Control: Prevention Strategies (*Summer 2011*)
- Regulations for Assisted Living Facilities – Your Inspection and Infection Control (*Summer 2011*)
- Regulations for Nursing Homes – CMS §483.65 Infection Control (F441) (*Summer 2011*)

Summary documents

- Glossary of infection prevention terms
- Infection prevention resources and guidelines

Infection transmission

- Fact sheet: Chain of Infection
- Fact sheet: Microbiology 101 (*Summer 2011*)

Bloodborne pathogen (BBP) transmission and blood glucose monitoring (BGM)

- FAQs: BBP
- FAQs: Safe Injection Practices
- Guidelines: OSHA BBP Summary
- In-Service: BBP and BGM-Service (*Summer 2011*)
- In-Service: OSHA BBP Standard for Assisted Living Facilities – this presentation can be used to fulfill the requirement for training on the OSHA Bloodborne Pathogens Standard. Facilities that implement this in-service should add how employees should seek counseling and follow-up care if an occupational exposure occurs. (May 2014)
- Log: BGM Checklist and Monitoring Tool (*Fall 2011*)
- Sign: Practice Safe BGM (*Summer 2011*)
- Sign: Single-Use Devices vs. Penlets (*Summer 2011*)
- Template: Administrator's Checklist: Safe BGM and Injection Practices (*Fall 2012*)
- Template: BGM Protocol (*Fall 2012*)
- Template: BBP Exposure Control Plan (*Summer 2011*)
- CMS Regulatory Update: BGM (*August 2010*)
- VDSS Regulatory Update: BGM (*February 2011*)

Hand hygiene (HH) and personal protective equipment (PPE)

- FAQs: HH
- Log: HH and PPE Monitoring Tool (*Summer 2011*)
- In-Service: HH (*Summer 2011*)
- Sign: Sequence for Donning and Doffing PPE

- Sign: HH Brochure
- Sign: HH

Environmental cleaning

- FAQs: Environmental Cleaning and Disinfection
- Log: Environmental Checklist (*Summer 2011*)
- Log: Environmental Checklist for Blood Spills (*Summer 2011*)

Vaccination

- FAQs: Vaccination
- Log: Vaccinations (general) (*Fall 2011*)
- Log: Resident Immunization Record (*Fall 2011*)
- Log: Influenza Vaccination Record (*Fall 2011*)
- For up-to-date vaccination recommendations and immunization resources, go to the VDH Division of Immunization's website

Prevention strategies

- FAQs: Contact Precautions (for Providers)
- FAQs: Contact Precautions (for Residents)
- FAQs: Droplet Precautions (for Providers)
- FAQs: Droplet Precautions (for Residents)
- FAQs: Drug Resistance
- FAQs: Respiratory Hygiene
- FAQs: Standard Precautions (for Providers)
- FAQs: Standard Precautions (for Residents)
- Sign: Standard and Transmission-Based Precautions (*Summer 2011*)
- Sign: Contact Precautions (*Fall 2011*)
- Sign: Special Contact Precautions (*Fall 2011*)
- Sign: Droplet Precautions (*Fall 2011*)
- Sign: Cover your Cough
- Table: Infection Prevention Practices for Selected Diseases (*Summer 2011*)
- CDC 12 Steps to Prevent Antimicrobial Resistance in Long Term Care

Surveillance

- FAQs: Surveillance
- FAQs: How to Collect Specimens
- Guidance: Outbreak Identification
- Log: GI Illness (Staff) (*Summer 2011*)
- Log: GI Illness (Resident) (*Summer 2011*)
- Log: Respiratory Illness (Staff) (*Summer 2011*)
- Log: Respiratory Illness (Resident) (*Summer 2011*)
- Log: Resident Illness (general) (*Summer 2011*)
- Log: Monthly Infection Surveillance Tracking (*Summer 2011*)
- Sign: Outbreak (*Summer 2011*)

Influenza

- For fact sheets, signs, prevention guidelines, and other materials on influenza, click here to access influenza educational resources for long-term care facilities (including assisted living facilities)

Gastrointestinal illnesses

- FAQs: Clostridium difficile
- FAQs: Gastrointestinal (GI) illnesses
- Guidelines: Norovirus (Sept 2013)

Other diseases/conditions

- FAQs: Carbapenem-resistant *Enterobacteriaceae* (CRE)

- FAQs: Methicillin-resistant *Staphylococcus aureus* (MRSA)
- FAQs: Respiratory Illnesses
- FAQs: Scabies
- FAQs: Vancomycin-resistant *Enterococci* (VRE)

Tuberculosis

- FAQs: Tuberculosis (TB)

Urinary tract infections

- FAQs: Urinary Tract Infections (UTI)
- Guidelines: Urinary Catheter Checklist (*Summer 2011*)
- Guidelines: Urinary Catheter Reminder (*Summer 2011*)

Guidance documents

- FAQs: Working with Your Health Department
- Reportable Disease List (*March 2011*)
- FAQs: Virginia Department of Social Services (VDSS) – Division of Licensing Programs
- FAQs: Virginia Department of Health – Office of Licensure and Certification
- FAQs: Regulatory Requirements for ALFs
- FAQs: Regulatory Requirements for NHs
- FAQs: Recommended Training for Staff
- FAQs: Communicating Medical Information During Resident Transfer
- Form: Transfer Sheet
- Guidance: How to Educate Adult Learners (*Summer 2011*)
- Guidance: Sick Staff (for Administrators)
- Guidance: Sick Staff (for Providers)
- Form: Epi-1 (Disease Reporting) Form

Other resources

- **CDC resources**
  - Long-Term Care Settings
  - Long-Term Care Facility Component – designed for use by nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities. As of September 2012, contains modules to report urinary tract infections, *C. difficile*, methicillin-resistant *Staphylococcus aureus* and other drug-resistant infections, and prevention process measures including hand hygiene adherence.
- **Guidelines and position papers**
  - SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility, 2008
    - SHEA/APIC Position Paper: Infection Prevention and Control in the Long-Term-Care Facility, 1997
  - SHEA Position Papers
    - Antimicrobial Resistance in Long-Term-Care Facilities, 1996
    - Antimicrobial Use in Long-Term-Care Facilities, 1996
    - *Clostridium difficile* in Long-Term–Care Facilities for the Elderly, 2002
    - Urinary Tract Infections in Long-Term-Care Facilities, 2001
- **Journal articles**
  - High KP, Bradley SF, Gravenstein S, Mehr DR, Quagliarello VJ, Richards C, and Yoshikawa TT.Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-Term Care Facilities. *Clinical Infectious Diseases*. 2009;48:149–171
  - Loeb M, Bentley DW, Bradley S, Crossley K, Garibaldi R, Gantz N, McGeer A, Muder RR, Mylotte J, Nicolle LE, Nurse B, Paton S, Simor AE, Smith P, Strausbaugh L. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term–Care Facilities: Results of a Consensus Conference, *Infect Control Hosp Epidemiol* 2001,22:120–124
  - Nicolle LE, Bentley DW, Garibaldi R, Neuhaus EG, Smith PW, the SHEA Long-Term–Care Committee.Antimicrobial Use in Long-Term–Care Facilities. *Infect Control Hosp Epidemiol* 2000;21:537–545
  - Stone ND, Ashraf MS, Calder J, Crnich CJ, Crossley K, Drinka PJ, Gould CV, Juthani-Metha M, Lautenbach E, Loeb M, et al. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. *Infection Control and Hospital Epidemiology*. 2012 Oct,33(10):965-977
- **Training**
  - HCPro – offers training and resources on infection control, quality, patient safety, and other topics specific to a given healthcare setting

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AMBULATORY SETTINGS

Ambulatory care settings provide healthcare on an outpatient basis. That is, patients do not stay overnight in the facility. The term "ambulatory care" encompasses a large variety of healthcare settings that include but are not limited to physician offices, urgent care centers, dialysis facilities, ambulatory surgical centers, cancer clinics, imaging centers, endoscopy clinics, public health clinics, and other types of outpatient clinics.

Special considerations for infection prevention in these settings:

- This category covers a wide range of facilities, providing a variety of different medical care services and having a range of licensing requirements, staff training needs, and surveillance procedures.
  - For more information on licensure and certification, click here
- The degree to which the infection prevention program is formalized may differ, but for each setting, infection prevention is a high priority. The infection prevention programs range, depending on the type of setting and licensing requirements, from policies established by the facility to accountability defined by the Centers for Medicare and Medicaid Services or another certifying organization.
- Patients play an important role in preventing infections and in identifying any that might be associated with outpatient care. It is important to know the signs and symptoms of infection and contact your provider for follow up if any symptoms develop.
  - This is especially true for ambulatory care settings because the signs of an infection may not present until after the patient leaves the facility.

Reporting requirements

- Virginia reportable disease list
  - Outlines diseases and conditions (including outbreaks) that are reportable to the local health department by physicians, directors of medical care facilities, and directors of laboratories.
  - Part of the *Regulations for Disease Reporting and Control*.
- In January 2012, the Centers for Medicare and Medicaid Services (CMS) began requiring dialysis facilities participating in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) to report certain infection events to the National Healthcare Safety Network (NHSN), including positive blood culture, I.V. antimicrobial start, and signs of vascular access infection. In January 2015, CMS added summary-level healthcare personnel influenza vaccination coverage rates to the ESRD reporting requirements.
- In October 2014, CMS began requiring ambulatory surgery centers participating in the Ambulatory Surgery Centers Quality Reporting program to report summary-level influenza vaccination data for all healthcare personnel via NHSN.

Resources

- General
  - CDC outpatient settings website
  - Guide to Infection Prevention in Outpatient Settings: Minimum Expectations for Safe Care
  - HCPro – offers training and resources on infection control, quality, patient safety, and other topics specific to a given healthcare setting
  - Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care
  - Infection Prevention Resources for Outpatient Settings (November 2012) – this resource guide was developed by the VDH HAI Program and is meant to aid outpatient (ambulatory care) settings in establishing or enhancing their infection prevention program. Under each section, bulleted information provides direct links to resources, guidelines, tools, and other applicable regulations from credible organizations and agencies.
  - Outbreaks and patient notifications in outpatient settings
  - Safe injection practices
  - Tips for Preventing Infection Following Surgery – simple tips for patients and family members to follow after surgery and before leaving the healthcare facility to help lower the risk of infection.
- Presentations
  - Infection Prevention and Control: Prevention Strategies – an overview of standard precautions, transmission-based precautions, environmental cleaning, safe injection practices, and vaccination. Suitable for use in an ambulatory care setting to teach infection prevention principles to staff.

Ambulatory surgical centers

- APIC Infection Control Resource for ASC Employees
- ASC Quality Collaboration – an organization for ambulatory surgical centers focused on measure development, public reporting of quality data, advancing ASC quality, and advocacy.
  - ASC tools for infection prevention (ASC TIPs) – includes basic and expanded versions of toolkits that address hand hygiene, safe injection practices, point of care devices, environmental infection prevention, single-use device reprocessing, endoscope reprocessing, and sterilization and high-level disinfection.
- Association of periOperative Registered Nurses (AORN) – professional association that provides educational opportunities to members as well as non-members
- Health and Human Services (HHS) Action Plan to Prevent HAIs (Phase II): Ambulatory Surgical Centers
- Infection control audit tool used by state surveyors during inspections of CMS-certified ambulatory surgical centers
- Infection Prevention Training for Ambulatory Surgical Centers – sponsored by the HHS Office of Healthcare Quality
  - Monitoring and Reporting HAIs in ASCs
  - Safe Injection Practices
  - Point of Care Devices
  - Environmental Infection Control and Preventing Infections in Healthcare Workers
  - Hand Hygiene
  - Cleaning, Sterilization, & High-Level Disinfection
- Surgical site infections page

Dialysis facilities

- AHRQ Safety Program for End-Stage Renal Disease Facilities – Toolkit
- CDC website on dialysis safety
- Dialysis Bloodstream Infection (BSI) Prevention Collaborative
  - Includes audit tools for hand hygiene, fistula/graft care observations, catheter accessing and disengaging observations, and catheter exit site care observations
- Dialysis Compare – a searchable database of dialysis providers that permits the user to compare facilities on a variety of quality measures and other facility characteristics.
- HHS Action Plan to Prevent HAIs (Phase II): End-Stage Renal Disease Facilities
- Infection Control Requirements for Dialysis Facilities and Clarification Regarding Guidance on Parenteral Medication Vials, *MMWR* (2008)
- National Healthcare Safety Network: Tracking Infections in Outpatient Dialysis Facilities with the National Healthcare Safety Network – includes protocol, training, forms, analysis resources, and support materials
- Patient resources
- Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients, *MMWR*(2001)

Other settings

- Dental settings
  - Infection Prevention Guidelines and Recommendations for Dental Settings – includes a checklist used to evaluate compliance of dental-care facilities with best practices surrounding infection prevention.
  - CDC website on infection control in dental settings
  - Guidelines for Infection Control in Dental Health-Care Settings, 2003
- Outpatient oncology settings
  - Preventing Infections in Cancer Patients – tools for patients and caregivers as well as for healthcare providers to help reduce the risk of developing infections during chemotherapy treatment
    - Basic Infection Control and Prevention Plan for Outpatient Oncology Settings
    - Three Steps Toward Preventing Infections During Cancer Treatment – an evidence-based, interactive online program designed to help assess a cancer patient's risk for developing both a low white blood cell count during chemotherapy and subsequent infections.

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: July 30, 2020

TO: Licensed Adult Day Care Centers
Licensed Assisted Living Facilities
Licensed Child Day Centers
Licensed Family Day Homes
Licensed Family Day Systems
Voluntarily Registered Family Day Homes
Religiously Exempt Child Day Centers
Certified Preschools
Licensed Independent Foster Homes
Licensed Child-Placing Agencies
Licensed Children's Residential Facilities

FROM: Tara Ragland, Director, Division of Licensing Programs

RE: Emergency Temporary Standard – effective July 27, 2020

The Virginia Department of Labor and Industry (DOLI), Virginia Occupational Safety and Health (VOSH), has adopted an emergency temporary standard (ETS) to establish requirements for employers to control, prevent, and mitigate the spread of the coronavirus (COVID-19) among employees and employers. The standard became effective on July 27, 2020, with a permanent standard expected to be adopted within six months.

The ETS applies to every employer, employee, and place of employment in Virginia. DOLI has developed outreach resources, training materials, and forms to assist employers with meeting these new requirements. See https://www.doli.virginia.gov/covid-19-outreach-education-and-training/ for the text of the ETS and additional resources.

If you have questions regarding the applicability of these standards to any specific program, please visit the DOLI website at www.doli.virginia.gov or contact DOLI at 804-371-2327.

From: **Williams, Edwina** <edwina.williams@dss.virginia.gov>
Date: Fri, Jul 31, 2020 at 8:58 AM
Subject: VDOLI Emergency Temporary Standard
To: <DSS_LICENSING@listserv.cov.virginia.gov>

The attached file is being sent to assisted living facilities, adult day care centers, child day centers, short-term child day centers, certified preschools, voluntarily registered family day homes, family day homes, family day systems, religiously exempt child day centers, unlicensed child day programs receiving child care subsidy assistance, providers that filed an exemption, child caring institutions, independent foster homes, child placing agencies and children's residential facilities from the Virginia Department of Social Services Email Distribution Service.

Please do not reply to this email.

To unsubscribe from the DSS_LICENSING list, click the following link:
https://listserv.cov.virginia.gov/scripts/wa.exe?SUBED1=DSS_LICENSING&A=1

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Outreach, Education And Training For The COVID-19 Emergency Temporary Standard, 16VAC25-220

The Department of Labor and Industry's Virginia Occupational Safety and Health (VOSH) Program and the Virginia Safety and Health Codes Board have adopted an emergency temporary standard for:
Reporting COVID-19 positive cases: The 16 VAC 25-220-40.B.8.e (https://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) of the Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19 provides that "The employer shall notify the Virginia Department of Labor and Industry within 24 hours of the discovery of three (3) or more employees present at the place of employment within a 14-day period testing positive for SARS-CoV-2 virus during that 14-day time period." Employers may use contact information listed on our Report A Workplace Fatality, Severe Injury, Or Positive Coronavirus Case (https://www.doli.virginia.gov/report-a-workplace-fatality-or-severe-injury-or-covid-19-case/) page.

Infectious Disease Prevention: SARS-CoV-2 Virus That Causes COVID-19, 16VAC25-220

Publication Date	July 27, 2020
16VAC25-220 Text of Regulation	English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf)
Document incorporated by reference into 16VAC25-220 Environmental Protection Agency (EPA) List N for use against SARS-CoV-2	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (https://www.doli.virginia.gov Coronavirus-claims-for-use-against-SARS-CoV-2Date-Accessed-07202020.pdf)
Document incorporated by reference into 16VAC25-220 Biosafety in Microbiological and Biomedical Laboratories" (Dec. 2009)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (https://www.doli.virginia.gov
Effective Date	July 27, 2020

Translate »

News Release	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/			
Explanation of Outreach	(Coming soon)			
Training Materials The following supporting documentation was designed to assist in the understanding and implementation of this emergency temporary standard.				
Training Certification Form	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/Training-Certification.xlsx) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Training-Certification.xlsx)			
Nine Steps to Achieve COVID-19 ETS Compliance	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-ETS-EMPLOYER-GUIDE-FINAL-7.23.2020-English.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Spanish (http://www.doli.virginia.gov/wp-content/uploads/2020/07/7.23.2020-COVID-19-ETS-EMPLOYER-GUIDE-FINAL-Spanish.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Portugese (http://www.doli.virginia.gov/wp-content/uploads/2020/08/Portuguese-DeepL-9-Steps-to-Compliance.pdf)	(http:// content/u RTD-Fina Korean (http://ww content/u COVID-19 FINAL-Ko
Frequently Asked Questions	English (https://www.doli.virginia.gov/conronavirus-covid-19-faqs/)			
Training Presentation	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/ETS-Full-Training-Presentation.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Spanish (http://www.doli.virginia.gov/wp-content/uploads/2020/08/ETS-Training-PPT-Spanish.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Portugese (http://www.doli.virginia.gov/wp-content/uploads/2020/08/Portuguese-DeepL_Microsoft_ETS-PPT.pdf)	(http:// content/u RTD-Fina Korean (http://ww content/u Emergen Training-
Overview	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/ETS-Abbreviated-Training-Presentation.pdf)			
Hazard Assessment	English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment.docx)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment.docx) Spanish (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment-Spanish.docx)	Portugese (http://www.doli.virginia.gov/wp-content/uploads/2020/08/Portuguese-DeepL-Hazard-Assessment.docx)	(http:// content/u Assessm (http://ww content/u Assessm
Infectious Disease Plan Template	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment.docx) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Infectious-Disease-Plan-Template.docx)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment.docx) Spanish (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Infectious-Disease-Plan-Template-Spanish.docx)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/Hazard-Assessment.docx) Portugese (http://www.doli.virginia.gov/wp-content/uploads/2020/08/Portuguese-DeepL-Infectious-Diease-Prepardness-and-Response-Plan.d)	(http:// content/u Assessm (http://ww content/u Disease-F Korean.d

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Infographic	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (https://www.doli.virginia.gov/wp-content/uploads/2020/07/Infographic.pdf)			
Lower Risk Training	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Lower-Risk-Training-1.pdf)			
Toolbox Talks	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) English (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Toolbox-Talks.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Spanish (http://www.doli.virginia.gov/wp-content/uploads/2020/07/Construction-Toolbox-Talk-Spanish.pdf)	(http://www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf) Portugese (http://www.doli.virginia.gov/wp-content/uploads/2020/08/Portuguese-DeepL-Construction-Toolbox-Talk.pdf)	(http:// content/u RTD-Fina Korean (http://ww content/u Talk-Kore

Downloadable Forms

Boiler and Pressure Vessel Safety (https://www.doli.virginia.gov/boiler-safety/boiler-forms/)

Labor and Employment Law (https://www.doli.virginia.gov/labor-law/payment-of-wage-english/claim-for-unpaid-wages-form/)

Asbestos and Lead Forms (https://www.doli.virginia.gov/asbestos-and-lead-forms/)

Downloadable Publications

Administrative Regulations Manual (VOSH) (https://www.doli.virginia.gov/wp-content/uploads/2018/04/ARM-Dec-2017.pdf)

Closing Conference Guide (VOSH) (https://www.doli.virginia.gov/wp-content/uploads/2019/08/Closing-Conf-Guide-August-5-2019.pdf)

Employer Rights and Responsibilities (VOSH) (https://www.doli.virginia.gov/wp-content/uploads/2018/04/ERCAFVI-FINAL-17Oct17Revised-Penalties.pdf)

OSHA 300 Log (http://www.osha.gov/recordkeeping/RKforms.html)

Registered Apprenticeship Brochure (https://www.doli.virginia.gov/wp-content/uploads/2018/03/DOLI-Apprenticeship-Brochure-1.pdf)

More.... (https://www.doli.virginia.gov/vosh-programs/regulations-standards/resources/downloadable-publications/)

Contact Us

Main Street Centre
600 East Main Street, Suite 207
Richmond, Virginia 23219

Phone: 804.371.2327
Fax: 804.371.6524

webmaster@doli.virginia.gov (mailto:webmaster@doli.virginia.gov)
http://www.doli.virginia.gov (http://www.doli.virginia.gov)

VIEW LOCATIONS (HTTPS://DOLI.VIRGINIA.GOV/ABOUT/DOLI-OFFICES-STATEWIDE/)

View Expenditures (https://www.datapoint.apa.virginia.gov/dashboard.php)

Virginia is for lovers — BEST STATE FOR BUSINESS (http://www.yesvirginia.org/)

eVA Transparency in Procurement (https://logi.epro.cgipdc.com/Public/rdPage.aspx?rdReport=Public.PublicLandingPage&rdRnd=99142)

ORGANIZATION CHART (HTTPS://WWW.DOLI.VIRGINIA.GOV/WP-CONTENT/UPLOADS/2018/05/ORG-CHART-FOR-WEBSITE_MAY-2018.PDF)

CODE OF ETHICS (HTTPS://WWW.DOLI.VIRGINIA.GOV/WP-CONTENT/UPLOADS/2018/04/CODE-OF-ETHICS.PDF)

EMPLOYMENT (HTTPS://WWW.DOLI.VIRGINIA.GOV/EMPLOYMENT-AT-DOLI/)

BUSINESS ONE STOP (http://businessonestop.virginia.gov/)

SBSD (http://sbsd.virginia.gov/)

LIS (http://lis.virginia.gov/)

Virginia Performs (http://vaperforms.virginia.gov/)

Translate »

Virginia Department of Labor and Industry – Headquarters: Main Street Centre Bldg. 600 East Main Street, Suite 207, Richmond, Virginia 23219-4101
Telephone Number – Office: 804.371.2327 – Fax: 804.371.6524 – Our Hours are from 8:15 A.M. to 5:00 P.M., Monday – Friday

Translate »

Standards for Licensed Assisted Living Facilities
Effective February 1, 2018
Questions and Answers

22 VAC 40-73-10. Definitions.

Q: Please define "case manager."

A: "Case manager" is defined in the ALF regulations as an employee of a public human services agency who is qualified and designated to develop and coordinate plans of care.

22 VAC 40-73-30. Program of care.

Q: (1) What would spiritual need look like on the service plan?

Q: Does this new regulation change indicate that spiritual needs have to be in the actual service plan or just offered in the program of care for the resident?

A: Spiritual needs are not just religious in nature; however, if an individual requires assistance with meeting their spiritual needs, this would need to be on the ISP.

Q: How will the inspectors inspect for meeting the spiritual needs of the residents?

A: The spiritual needs should reflect the residents' personal preferences. Spiritual needs are not necessarily religious in nature.

22 VAC 40-73-40. Licensee.

Q: (B1) Licensee must give evidence of financial responsibility and solvency. What would this look like and would it be required more than the initial?

A: Look at it at the initial application, review the budget and credit reference. If there is a complaint or indication of a problem with finances, this would be reviewed again. Indications could include inability to pay bills or the building being in need of repairs.

Q: (B1) How should the licensee provide evidence of financial responsibility and solvency?

A: Depending on the specific circumstances, documents including but not limited to bank statements, bills and/or payment records may need to be reviewed by the licensing inspector.

Q: (B7) What about a social security payee?

A: This is not a matter of being a conservator or guardian. This is up to the Social Security Administration rules regarding payee situations.

Q: (D) What if the contact person is one of these people?

A: It is up to the facility to maintain the contact list, and they will need to understand the legality of the notification process.

Q: (D1) Has the notification time frame changed?

A: No.

22 VAC 40-73-50. Disclosure.

Q: Do we need to see the policy?

A: No, as there is no policy required.

22 VAC 40-73-60. Electronic records and signatures.

Q: (B1) Should the policy and procedures for electronic records include a copy of the Uniform Electronic Transactions Act.

A: That is not necessary.

Q: (B1) Should policy include verifying or conditions for accepting an electronic signature from doctors, hospital, etc.?

A: No.

Q: (C) What is acceptable for a backup system?

A: We do not need to define the providers backup system, all that matters is that one is in place.

22 VAC 40-73-70. Incident reports.

Q: (C7) If the actions to prevent recurrence don't work, what happens?

A: This is situational, and would need to be addressed on a case by case basis.

Q: Could the required information be provided to the licensing inspector by telephone, within 24 hours, to meet this part of the standard?

A: Yes, however, it is recommended that the licensee keep written documentation of the date and time of the telephone call.

22 VAC 40-73-100. Infection control program.

Q: How do you define "basic" infection prevention?

A: Basic infection prevention training would include an understanding and utilization of standard precautions. The CDC identifies standard precautions as practices to be used for **all** patient care. Practices are based on a risk evaluation and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

Q: (A1&2) Which applicable guidelines and regulations?

A: Any state and federal regulations that apply.

Q: (A1 & A2) For the purpose of Infection Control, would an administrator be considered a licensed healthcare professional?

A: No, as infection control is not within the scope of a licensed assisted living facility administrator.

Q. (A1&2) What constitutes practicing within the scope of his profession?

A: This would refer back to the requirements of the identified profession.

Q: (A1&2&3) How do we verify that this person has been trained in basic infection protection?

A: Documentation should be available for review to demonstrate that the individual meets the requirement.

Q: (C2a) Define "acute infectious disease."

A: Any illness that develops quickly is intense or severe and lasts a relatively short period of time. Ex.: Flu, Norovirus.

Q: (C2b) Should the use of safe injection practices and potential for exposure to blood or body fluids be based on staff "scope of practice"?

A: It is not necessary to include scope of practice here.

Q: (C2c) Does cleaning agents refer to type or specific name of cleaning supply?

A: The agent is just referring to what the product is; it is not specific to any specific product type.

Q: (C2e) How specific do you want the following "sanitation of rooms, cleaning and disinfecting procedures, agents and schedules?"

A: The procedure should address maintaining appropriate sanitation and cleanliness.

Q: (C2f) Other than blood pressure cuffs, what other types of medical equipment used on more than one resident do you think require sanitation? Why would a blood pressure cuff need to be sanitized, as that appears to be more than what our environment and this item and its use would require?

A: Refer to 22 VAC 40-73-100 C 2 f for clarification. Additional examples might include: Hoyer Lift, Geri Chairs, wheel chairs, chair tables, etc.

Q: (C3) Does the handwashing equipment and necessary personal protective equipment need to be indicated as to where it is located?

A: Yes.

Q: (D) Does the staff health program have to be in writing? What about updating the program?

A: Yes.

22VAC40-73-100. Infection control program.

A. The assisted living facility shall develop, in writing, and implement an infection control program addressing the surveillance, prevention, and control of disease and infection that is consistent with the federal Centers for Disease Control and Prevention (CDC) guidelines and the federal Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations.

1. A licensed health care professional, practicing within the scope of his profession and with training in infection prevention, shall participate in the development of infection prevention policies and procedures and shall ensure compliance with applicable guidelines and regulations.

2. The administrator shall ensure at least an annual review of infection prevention policies and procedures for any necessary updates. A licensed health care

professional, practicing within the scope of his profession and with training in infection prevention, shall be included in the review to ensure compliance with applicable guidelines and regulations. Documentation of the review shall be maintained at the facility.

3. A staff person who has been trained in basic infection prevention shall participate in the annual review and serve as point of contact for the program. This person shall be responsible for on-going monitoring of the implementation of the infection control program.

B. The infection control program shall be applicable to all staff and volunteers and encompass all services as well as the entire premises.

C. The infection control program shall include:

1. Procedures for the implementation of infection prevention measures by staff and volunteers to include:

a. Use of standard precautions;

b. Use of personal protective equipment; and

c. Means to ensure hand hygiene;

2. Procedures for other infection prevention measures related to job duties include:

a. Determination of whether prospective or returning residents have acute infectious disease and use of appropriate measures to prevent disease transmission;

22VAC40-73-100. Infection control program.

b. Use of safe injection practices and other procedures where the potential for exposure to blood or body fluids exists;

c. Blood glucose monitoring practices that are consistent with CDC recommendations. When assisted blood glucose monitoring is required, fingerstick devices shall not be used for more than one person;

d. The handling, storing, processing, and transporting of linens, supplies, and equipment in a manner that prevents the spread of infection;

e. The sanitation of rooms, including cleaning and disinfecting procedures, agents, and schedules;

f. The sanitation of equipment, including medical equipment that may be used on more than one resident (e.g., blood glucose meters and blood pressure cuffs, including cleaning and disinfecting procedures, agents, and schedules);

g. The handling, storing, processing, and transporting of medical waste in accordance with applicable regulations; and

h. Maintenance of an effective pest control program;

3. Readily accessible handwashing equipment and necessary personal protective equipment for staff and volunteers (e.g., soap, alcohol-based hand rubs, disposable towels or hot air dryers, and gloves);

4. Product specific instructions for use of cleaning and disinfecting agents (e.g., dilution, contact time, and management of accidental exposures); and

5. Initial training as specified in 22VAC40-73-120 C 4 and annual retraining of staff and volunteers in infection prevention methods, as applicable to job responsibilities and as required by 22VAC40-73-210 F.

D. The facility shall have a staff health program that includes:

1. Provision of information on recommended vaccinations, per guidelines from the CDC Advisory Committee on Immunization Practices (ACIP), to facility staff and volunteers who have any potential exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air;

2. Assurance that employees with communicable diseases are identified and prevented from work activities that could result in transmission to other personnel or residents;

22VAC40-73-100. Infection control program.

3. An exposure control plan for bloodborne pathogens;

4. Documentation of screening and immunizations offered to, received by, or declined by employees in accordance with law, regulation, or recommendations of public health authorities, including access to hepatitis B vaccine; and

5. Compliance with requirements of the OSHA for reporting of workplace associated injuries or exposure to infection.

E. The facility administrator shall immediately make or cause to be made a report of an outbreak of disease as defined by the State Board of Health. Such report shall be made by rapid means to the local health director or to the Commissioner of the Virginia Department of Health and to the licensing representative of the Department of Social Services in the regional licensing office.

F. When recommendations are made by the Virginia Department of Health to prevent or control transmission of an infectious agent in the facility, the recommendations must be followed.

PART III
PERSONNEL

22VAC40-73-110. Staff general qualifications.

All staff shall:

1. Be considerate and respectful of the rights, dignity, and sensitivities of persons who are aged, infirm, or disabled;

2. Be able to speak, read, understand, and write in English as necessary to carry out their job responsibilities; and

3. Meet the requirements specified in the Regulation for Background Checks for Assisted Living Facilities and Adult Day Care Centers (22VAC40-90).

22VAC40-73-120. Staff orientation and initial training.

A. The orientation and training required in subsections B and C of this section shall occur within the first seven working days of employment. Until this orientation and training is completed, the staff person may only assume job responsibilities if under the sight supervision of a trained direct care staff person or administrator.

B. All staff shall be oriented to:

Commonwealth of Virginia

DEPARTMENT OF SOCIAL SERVICES

ASSISTED LIVING FACILITY LICENSE
RESIDENTIAL LIVING CARE AND ASSISTED LIVING CARE

Issued to: Heatherwood Retirement Community, operated by Retirement Unlimited, Inc.
as agent for Burke Retirement Center Limited Partnership

Address: 9642 Burke Lake Road, Burke, Virginia 22015

This license is issued in accordance with provisions of Chapters 1, 17 and 18, Title 63.2, Code of Virginia and other relevant laws, the regulations of the State Board of Social Services and the specific limitations prescribed by the Commissioner of Social Services as follows:

CAPACITY	
150	◦ Non-ambulatory residents are permitted on C Wing only per the Building Official.

This license is not transferable and will be in effect August 18, 2014 through August 17, 2017 unless revoked for violations of the provisions of law or failure to comply with the limitations stated above.

ISSUING OFFICE:

Virginia Department of Social Services
Division of Licensing - Fairfax Licensing Office
3701 Pender Drive, Suite 125
Fairfax, VA 22030

Telephone: (703) 934-1505

ALF 671381-L151
LICENSE NUMBER

MARGARET ROSS SCHULTZE
COMMISSIONER OF SOCIAL SERVICES

By _____
Jenifer H. Nalli

Title LICENSING ADMINISTRATOR

Date July 11, 2014

032-05-0376-01-eng (07/12)

Commonwealth of Virginia
State Corporation Commission

07/11/14

CISM3220 LIMITED PARTNERSHIP DATA INQUIRY 13:19:36

L/P ID: L004414 - 1 STATUS: 00 ACTIVE STATUS DATE: 09/22/88

L/P NAME: BURKE RETIREMENT CENTER LIMITED PARTNERSHIP

DATE OF FILING: 09/22/1988 PERIOD OF DURATION: 12/30/2035 INDUSTRY CODE:

STATE OF FILING: VA VIRGINIA MERGER INDICATOR:

LLP-EFF-DTE: LLP-CONT-DTE: LLP-SXP-DTE:

P R I N C I P A L O F F I C E A D D R E S S LLP-STATUS: N

STREET: 2917 Penn Forest Blvd., S.W.

CITY: Roanoke STATE: VA ZIP: 24018-0000

R E G I S T E R E D A G E N T I N F O R M A T I O N

R/A NAME: RETIREMENT UNLIMITED INC.

STREET: 2847 PENN FOREST BLVD RTN MAIL:
STE 201

CITY: ROANOKE STATE: VA ZIP: 24018-0000

R/A STATUS: 5 CORP/LLC/RLLP R EFF DATE: 01/02/13 LOC: 180 ROANOKE COUNTY

YEAR	FEES	PENALTY	INTEREST	BALANCE
14	50.00			**50.00**

(Screen Id:/LP_Data_Inquiry)

1301500096

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

January 2, 2013

RETIREMENT UNLIMITED INC.
2847 PENN FOREST BLVD
STE 201
ROANOKE, VA 24018

RECEIPT

RE: **BURKE RETIREMENT CENTER LIMITED PARTNERSHIP**

ID: **L0044141**

DCN: **1301025238**

Dear Customer:

This is to acknowledge the filing of a statement of change of registered office and/or registered agent for the above-referenced limited partnership with this office.

The effective date of the change is January 2, 2013.

If you have any questions about this matter, please contact this office at the addresses or telephone numbers shown below.

RECEIPT
CISECOM

Sincerely,

Joel H. Peck
Clerk of the Commission

P.O. Box 1197, Richmond, VA 23218-1197
Tyler Building, First Floor, 1300 East Main Street, Richmond, VA 23219-3630
Clerk's Office (804) 371-9733 or (866) 722-2551 (toll-free in Virginia) www.scc.virginia.gov/clk
Telecommunications Device for the Deaf-TDD/Voice: (804) 371-9206

1301500096

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

eFile
(12/09)

STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT CHANGE

1. RE: **BURKE RETIREMENT CENTER LIMITED PARTNERSHIP**

   ID: **L0044141**

2. Current registered agent's name and registered office address on record (including the jurisdiction in which the registered office is physically located):

   KATHLEEN M KRONAU
   2917 PENN FOREST BLVD
   ROANOKE, VA 24018-0000 (ROANOKE COUNTY)

3. The current registered agent is an individual who is a resident of Virginia and a member of the Virginia State Bar.

4. The registered agent's name and registered office address after this statement is filed with the Commission (including the jurisdiction in which the registered office is physically located):

   RETIREMENT UNLIMITED INC.
   2847 PENN FOREST BLVD
   STE 201
   ROANOKE, VA 24018 (ROANOKE COUNTY)

5. The registered agent named in item 4 is a domestic or foreign stock or nonstock corporation or limited liability company authorized to transact business in Virginia.

6. After the foregoing change or changes are made, the limited partnership will be in compliance with the requirements of § 50-73.4 of the Code of Virginia.

Signed on January 2, 2013, on behalf of BURKE RETIREMENT CENTER LIMITED PARTNERSHIP
By: Retirement Unlimited Inc., General Partner
By: Curtis E. Davis III, COO
/s/ Curtis E. Davis III

Burke Retirement Center Limited Partnership
t/a Heatherwood Retirement Community
54-1340401

				%
Ayn Wesley Cates, Trustee of The Cates Living Trust UDT dated June 20, 2000 *********				6.5000
Challen Cates, Trustee of the Challen Cates Living Trust, dated May 20, 2005				6.5000
G. Wayne Fralin Trust U/W Horace G. Fralin				4.8320
Karen H. Waldron				0.5000
Karen H. Waldron (by revocation of Revocable Trust)				3.7778
Karen H. Waldron Trust UA 5/24/95 Attn: Deborah A. Oehlschlaeger				5.1111
Karen Holly Waldron Trust Attn: Deborah A. Oehlschlaeger				5.0000
Kay Leigh Ferguson Trust U/W Ann Huff Fralin				12.9090
Luis Warf				2.0000
Megan G. Hough				10.5000
Morgan G. Hough Trust UA 5/24/95 Attn: Deborah A. Oehlschlaeger				1.1111
Retirement Unlimited Inc				1.0000
Robert Frank Peck				2.0000
Trevor H. Cates Trust				6.0000
Trevor Cates, Trustee of theTrevor Cates Separate Property Trust UDT dated February 28, 2002				2.5000
William Haywood Lee Fralin Revocable Trust U/D/T dated April 28, 2006				29.7590
				100.0000

*********Mail to Ayn Cates Sullivan

Rev. 1/26/11

MAY 27 2014

NAME OF CORPORATION	Retirement Unlimited Inc.
CORPORATION ADDRESS	2847 Penn Forest Blvd., Suite 201 Roanoke, VA 24018
DATE OF INCORPORATION	May 10, 1984
BANK AND ACCOUNT NUMBER	
PLACE OF INCORPORATION	Roanoke, Virginia
EMPLOYER ID NUMBER	#54-1278450
TYPE OF TAX RETURN	1120S
TAX YEAR ENDS	December 31
PRINCIPAL BUSINESS ACTIVITY	Management of Retirement Centers
PUBLIC ACCOUNTING FIRM	Foti, Flynn, Lowen & Company

RECEIVED
JUN 12 2014

CORPORATE OFFICERS

W. Heywood Fralin	Co-Chairman & President
Karen H. Waldron	Co-Chairman & Sr.Vice President
Curtis E. Davis, III	Secretary / Treasurer

CORPORATE DIRECTORS

W. Heywood Fralin	Same Address
Karen H. Waldron	Same Address

CORPORATE STOCKHOLDERS

Karen H. Waldron	50 Shares	
Kay Leigh Ferguson Trust u/w Ann Huff Fralin	24.707 Shares	
William Heywood Lee Fralin Revocable Trust	20.207 Shares	5/01/06
G. Wayne Fralin	5.086 Shares	

CHAIRMAN :	ELBERT WALDRON
PRESIDENT:	ROBERT PECK
VICE PRESIDENT:	RICHARD S. WHITNEY, JR.

Commonwealth of Virginia

STATE CORPORATION COMMISSION

Richmond, May 10, 1984

This is to Certify that the certificate of incorporation of

RETIREMENT UNLIMITED INC.

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all the laws of the State applicable to the corporation and its business.

STATE CORPORATION COMMISSION VIRGINIA SIC SEMPER TYRANNIS 1903

State Corporation Commission

Clerk of the Commission

SCC11

256180

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

RICHMOND, May 10, 1984

$40.00

RECEIVED OF W. H. Fralin

For: RETIREMENT UNLIMITED INC. on account of fees for incorporation:

Filing Fee, $10.00

Charter Fee, $20.00

Recording Fee, $10.00

The certificate of incorporation was issued and admitted to record in this office on the above date.

Respectfully,

William B. Young

Clerk of the Commission

CLK019

RETIREMENT UNLIMITED, INC.
NAME OF CORPORATION

CORPORATE DATA

as at May 11 , 19 84

Date of Incorporation: May 10, 1984

State of Incorporation: Virginia

Principal Place of Business: 3130-B Chaparral Drive, S. W., Roanoke, Virginia

Directors:
Horace G. Fralin
Elbert H. Waldron
Luis Warf

Officers:

Horace G. Fralin	President
Luis Warf	Vice-President
G. Ronald Hager	Secretary
G. Ronald Hager	Treasurer

Bank Accounts:

Fiscal Year: Jan. 1 to Dec. 31

Annual Meeting Date: Second Monday in January

Shareholders:	Number of Shares
Horace G. Fralin	50
Elbert H. Waldron	50

ARTICLES OF INCORPORATION

OF

RETIREMENT UNLIMITED, INC.

I, the undersigned, hereby act to form a stock corporation under the provisions of Chapter One of Title 13.1 of the Code of Virginia of 1950, as amended to date (Virginia Stock Corporation Act), and to that end, I do by this, the Articles of Incorporation, set forth the following information:

ARTICLE ONE

The name of the Corporation shall be Retirement Unlimited Inc.

ARTICLE TWO

The Corporation shall have all general powers provided by law, including those specifically enumerated in the Virginia Stock Corporation Act and shall have and enjoy all the general powers accorded to similar corporations by the laws of the Commonwealth of Virginia or by the laws of any other state or territory in which this Corporation may be doing business, as now existing or as hereinafter enacted.

ARTICLE THREE

The purpose for which the Corporation is formed is to transact any or all lawful business, not required to be

specifically stated in these Articles, for which corporations may be incorporated under the Virginia Stock Corporation Act.

ARTICLE FOUR

The aggregate number of shares which the Corporation shall have authority to issue and the par value per share are as follows:

CLASS	NUMBER OF SHARES	PAR VALUE
Common	5,000	$ 10.00

ARTICLE FIVE

The post office address of the initial registered office of the Corporation is 209 First Street, SW, Roanoke, Virginia 24011, in the City of Roanoke, Virginia, with a mailing address of P. O. Box 2865, Roanoke, Virginia 24001.

The name of the initial registered agent of the Corporation is W. H. Fralin, who is a resident of the State of Virginia and a member of the Virginia State Bar, and whose business office is the same as that of the registered office of the Corporation.

ARTICLE SIX

The number of directors constituting the initial board of directors is three (3) and the names and addresses of the persons

who are to serve as the initial directors are:

Horace G. Fralin	3130-B Chaparral Drive, S. W. Roanoke, Virginia
Elbert H. Waldron	3130-B Chaparral Drive, S. W. Roanoke, Virginia
Luis Warf	3130-B Chaparral Drive, S. W. Roanoke, Virginia

ARTICLE SEVEN

The period of time for which this Corporation shall endure shall be unlimited.

ARTICLE EIGHT

The Corporation shall have the power to indemnify any person who is or was a director, officer, employee or agent of the Corporation to the fullest extent permitted by the laws of the Commonwealth of Virginia (including that allowed in Section 13.1 - 3.1 of the Code of Virginia), with the exception of the power to indemnify such person against his or her gross negligence or willful misconduct. Such indemnification may inure to the benefit of the heirs, executors and administrators of such a person.

GIVEN under my hand this 7th day of May, 1984.

/s/ W. H. Fralin (SEAL)
W. H. Fralin

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Heatherwood Independent and Assisted Living
9642 Burke Lake Road
Burke, VA 22015
(703) 425-1698

Current Inspector: Marshall G Massenberg (703) 431-4247

Inspection Date: June 17, 2020 , June 18, 2020 and June 19, 2020

Complaint Related: No

Areas Reviewed:

22VAC40-73 GENERAL PROVISIONS
22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 PERSONNEL
22VAC40-73 STAFFING AND SUPERVISION
22VAC40-73 ADMISSION, RETENTION, AND DISCHARGE OF RESIDENTS
22VAC40-73 RESIDENT CARE AND RELATED SERVICES
22VAC40-73 RESIDENT ACCOMODATIONS AND RELATED PROVISIONS
22VAC40-73 BUILDING AND GROUNDS
22VAC40-73 EMERGENCY PREPAREDNESS
63.2 General Provisions.
63.2 Protection of adults and reporting.
63.2 Licensure and Registration Procedures
63.2 Facilities and Programs.
22VAC40-90 Background Checks for Assisted Living Facilities
22VAC40-90 The Sworn Statement or Affirmation
22VAC40-90 The Criminal History Record Report
22VAC40-80 THE LICENSE.
22VAC40-80 THE LICENSING PROCESS.

Comments:

This inspection was conducted by licensing staff using an alternate remote protocol necessary due to a state of emergency health pandemic declared by the Governor of Virginia.

A renewal inspection was initiated on 6/17/20 and concluded on 6/19/20. The wellness director was contacted by telephone to initiate the inspection. The wellness director reported that the current census was 101. The inspector emailed the wellness director a list of items required to complete the inspection. The inspector reviewed five resident records, five staff records, medication administration records, local fire and health inspections, and other documentation submitted by the facility to ensure documentation was complete.

Information gathered during the inspection determined non-compliance with applicable standards or law, and violations were documented on the violation notice issued to the facility.

Violations:

Standard #:	22VAC40-73-250-C
Description:	Based on record review, the facility failed to ensure that the required personal and social data is included in the staff record. Evidence: Documentation of orientation training, completed within seven days of hire, was not found in the records of Staff #2 or Staff #5. Staff #2 was hired on 7/16/19. Staff #5 was hired on 5/1/20.
Plan of Correction:	An audit of all staff files will be conducted to ensure all required documentation is in place. Additional training to be completed with dept. heads on required documents. The ED and Dept. head will review each new staff file prior to employee's first shift.

Standard #:	22VAC40-73-260-A

Description:	Based on record review, the facility failed to ensure that each direct care staff member maintains current first aid certification. Each direct care staff member who does not have current certification in first aid, shall receive certification in first aid within 60 days of employment Evidence: The record for Staff #2, hired 7/16/19, was reviewed during the inspection. No documentation was provided, during the inspection, to indicate that Staff #2 has current first aid certification.
Plan of Correction:	An audit of all direct care staff will be conducted to ensure that CPR and first aid documents are on file and current. Tracking spreadsheet will be audited for accuracy and reviewed monthly. WD will remind staff who are approaching expiration date. If an employee fails to renew on time they will be removed from the schedule.

Disclaimer:
A compliance history is in no way a rating for a facility++.

The online compliance history includes only information after July 1, 2003. In addition, the online compliance history includes information regarding adverse actions that may be the subject of a pending appeal. An adverse action is not final until a provider has exhausted or waived all due process rights. For compliance history prior to July 1, 2003, or information regarding the status of pending adverse actions, please contact the Licensing Inspector listed in the facility's information. The Virginia Department of Social Services (VDSS) is not responsible for any errors in or omissions from the compliance history information.

Contact Us
801 E. Main Street
Richmond, VA 23219

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Heatherwood Independent and Assisted Living
9642 Burke Lake Road
Burke, VA 22015
(703) 425-1698

Current Inspector: Marshall G Massenberg (703) 431-4247

Inspection Date: Aug. 7, 2019

Complaint Related: No

Areas Reviewed:

22VAC40-73 ADMINISTRATION AND ADMINISTRATIVE SERVICES
22VAC40-73 RESIDENT CARE AND RELATED SERVICES

Comments:

An unannounced monitoring inspection was conducted on 8/7/19, to follow-up on a high-risk violation that was cited on 6/17/19. Medication administration was observed and resident records were reviewed. Violations were discussed and an exit meeting was held. Areas of non-compliance are identified on the violation notice. Please complete the 'plan of correction' and 'date to be corrected' for each violation cited on the violation notice and return to the licensing office within 10 calendar days. Please specify how the deficient practice will be or has been corrected. Just writing the word 'corrected' is not acceptable. The 'plan of correction' must contain: 1) Steps to correct the non-compliance with the standards, 2) Measures to prevent the non-compliance from occurring again, and 3) Person responsible for implementing each step and/or monitoring any preventative measures. Thank you for your cooperation and if you have any questions, please contact me via e-mail at m.massenberg@dss.virginia.gov.

Violations:

Standard #:	22VAC40-73-70-A
Description:	Based on documentation and interview, the facility failed to report to the regional licensing office within 24 hours any major incident that threatens the life, health, safety, or welfare of any resident. Evidence: The facility contacted the Virginia Department of Health on 7/12/19, due to concerns about several residents with respiratory illness symptoms. The licensing office was not contacted about the symptoms that the residents were experiencing.
Plan of Correction:	Not available online. Contact Inspector for more information.

Standard #:	22VAC40-73-680-D
Description:	Based on observation and record review, the facility failed to ensure that medications are administered in accordance with the physician's instructions. Evidence: The morning medication administration, for Resident #1, was observed during the inspection. Resident #1's record contained an order, dated 1/30/19, that calls for the resident to receive Omeprazole once daily before eating. During the inspection, Resident #1 received Omeprazole and the rest of his morning medications. After his medication was administered, Resident #1 reported that he had already eaten.
Plan of Correction:	Not available online. Contact Inspector for more information.

Disclaimer:
A compliance history is in no way a rating for a facility++.

The online compliance history includes only information after July 1, 2003. In addition, the online compliance history includes information regarding adverse actions that may be the subject of a pending appeal. An adverse action is not final until a provider has exhausted or waived all due process rights. For compliance history prior to July 1, 2003, or information regarding the status of pending adverse actions, please contact the Licensing Inspector listed in the facility's information. The Virginia Department of Social Services (VDSS) is not responsible for any errors in or omissions from the compliance history information.

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Richmond, VA 23219

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COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

October 3, 2017

RETIREMENT UNLIMITED INC.
CYNTHIA M GRAVES
2847 PENN FOREST BLVD
STE 201
ROANOKE, VA 24018

RECEIPT

RE: BURKE RETIREMENT CENTER LIMITED PARTNERSHIP

ID: L004414 - 1

DCN: 17-10-03-1045

Dear Customer:

This will acknowledge receipt of an attested copy of an assumed or fictitious name certificate for the captioned limited partnership conducting business under the assumed or fictitious name(s) of :

HEATHERWOOD INDEPENDENT & ASSISTED LIVING COMMUNITY (FAIRFAX CO)

The filing fee of $10.00 has been received.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck

Joel H. Peck
Clerk of the Commission

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