



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## RECOMMENDATIONS FOR REOPENING ASSISTED LIVING FACILITIES

June 23, 2020

To the greatest extent possible, we strongly advise that ALFs follow [Centers for Medicare and Medicaid Services recommendations](#) and [the Virginia Department of Health Nursing Home Guidance for Phased Reopening](#). There is no one-size-fits-all approach to reopening assisted living facilities (ALFs). There may be reasons that some ALFs can consider less stringent guidelines, such as not having an outbreak in the facility and less community spread of COVID-19 in the locality. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined below and move through the reopening phases based on its assessment of its own specific circumstances. It is our understanding that many ALFs are lessening their restrictions. If an ALF chooses to reopen, a strict plan to mitigate risk is essential. The items below are basic items that need to be considered prior to reopening.

### Best Practices for Reopening

- **Adequate testing and case status:** All residents and staff who wish to do so must be able to receive a single baseline test for COVID-19. If possible, have all staff and residents tested. The [Virginia Department of Health offers point prevalence surveys for ALFs](#) and provides information on testing recommendations, planning, and actions to take based on results. Generally, facilities should not consider reopening unless there has been baseline testing of all staff and residents, and there are no new COVID-19 cases in residents, acquired or originating in the facility, for 14 days.
- **Adequate staffing:** Facilities must be able to manage visitation while safely providing care with current staffing levels.
- **Adequate personal protective equipment (PPE) for staff.** All necessary staff must wear PPE when indicated. Facilities should have a contingency strategy for maintaining and obtaining PPE. Residents should wear a cloth face covering or facemask if tolerated when leaving their room. Exceptions include anyone who has trouble breathing, is incapacitated, or is otherwise unable to remove the covering without assistance.  
If staff need N-95 respirator masks due to COVID-19 positive residents, fit-testing for respirator use must be conducted.
- **Continuous monitoring of capacity:** Have a system in place to ensure there are resources available if there is a COVID-19 outbreak in the facility, which may include PPE, rapid testing, and adequate staffing. Facilities should consider a cohorting plan, where designated staff care for COVID-19 residents in a physically separate area in the event of an outbreak. See [Nursing Home Guidance for Phased Reopening](#) on page 5 for guidance.
- **Physical distancing:** Maintain strict physical distancing, positioning, and movement within the facility during visits. Encourage the use of outdoor areas or well-ventilated spaces when possible.
- **100% screening:** All visitors entering the facility and all staff at the beginning of their shift should

have their temperature checked, wear a cloth face covering or facemask, and answer questions about symptoms and potential exposure. All residents should be screened daily.

- **Number of visitors:** Initially, limit visitors to those essential for residents' well-being. Limitations should be at each facility's discretion depending on its unique situation.
- **Health support services:** Podiatry, dentistry, and therapy services should be permitted with the recommendation that service providers should provide necessary PPE. Facilities may wish to limit location of services to specific areas.
- **Personal services:** Barber and cosmetology services are strongly discouraged. If a facility deems them necessary, services may be permitted with appropriate infection control procedures, including limiting the number of appointments at a given time, wearing appropriate PPE (service provider and residents), appropriately sanitizing the service area and equipment before and after each appointment, prohibiting the use of hand-held dryers, and not permitting service providers to see outside clients at the facility. The facility may require service providers to supply any necessary PPE.
- **Communal dining and group activities:** Residents that are not infected or not suspected to have COVID-19 may gradually resume communal dining and group activities with stringent social distancing requirements and reduced capacity for the area where the dining or activity occurs.
- **Medically necessary transportation:** Ensure vehicles are appropriately cleaned and sanitized, residents and staff wear facemasks, physical distancing is observed, and driver is screened.
- **Prevalence of COVID-19 in the local community.** Considering the number and trend of cases in the surrounding community may be a factor in determining whether facilities want to reopen and/or the level of restrictions they wish to place on visitation.

We strongly encourage you to develop a plan that details how your facility will move through each phase. We also suggest that you continue to collaborate and communicate with your fellow long-term care facilities and associations, local health department, and licensing inspector for guidance and assistance.

## Resources

### Centers for Disease Control and Prevention (CDC)

*Preparing for COVID-19 in Nursing Homes:* [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html)

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

### Centers for Medicare & Medicaid Services

*Nursing Home Reopening Recommendations for State and Local Officials:*  
<https://www.cms.gov/files/document/qso-20-30-nh.pdf>

### Virginia Department of Health

*VDH Nursing Home Guidance for Phased Reopening:*  
<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf>

*Planning for Point Prevalence Surveys in Long-Term Care Facilities:*  
[https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF\\_Congregated-Settings-FINAL-4-28-2020.pdf](https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf)

COVID-19 in Virginia: <https://www.vdh.virginia.gov/coronavirus/>

Virginia Long-Term Care Task Force: <https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/>

Local Health Districts: <https://www.vdh.virginia.gov/local-health-districts/>

### **Virginia Department of Social Services**

VDSS COVID-19 Response: <https://www.dss.virginia.gov/geninfo/covid.cgi>

### **Commonwealth of Virginia – information on Phase 1 and 2 guidelines**

Coronavirus (COVID-19 in Virginia): <https://www.virginia.gov/coronavirus/>

### **Virginia Administrative Code**

**22VAC40-73, Standards for Assisted Living Facilities:**

<https://law.lis.virginia.gov/admincode/title22/agency40/chapter73/>