



Coronavirus (COVID-19)
Assisted Living Facility
Weekly Frequently Asked Questions

On March 13, 2020, Governor Greg Abbott declared a state of disaster for all counties in Texas due to the COVID-19 pandemic and directed state agencies to restrict visitation at certain long-term care facilities, including assisted living facilities (ALFs) to protect the most vulnerable to COVID-19.

The Texas Health and Human Services Commission (HHSC) is committed to sharing pertinent COVID-19 information with all ALFs via this regularly updated Frequently Asked Questions (FAQs) document.

With each update, this document will be arranged by date, and if guidance changes from a previous week's FAQs, it will be noted in red font. Questions regarding these FAQs can be directed to Long-term Care Regulatory Policy, Rules & Training at 512-438-3161 or PolicyRulesTraining@hsc.state.tx.us.

April 8, 2020

Should ALF residents be confined to their rooms?

Answer: If a resident is presumptive or confirmed to have COVID-19, then they should be confined to separate, well-ventilated areas such as private rooms with doors closed and private bathrooms (as possible). To prevent further spread of COVID-19, facilities should do the following:

- 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 of at least six feet apart and perform frequent hand hygiene.

If there is a fire or an emergency medical situation, do emergency responders need to be screened before entering an ALF?

Answer: ALFs should *not* require screening of emergency services personnel who are responding to an emergency.

Are vendors that inspect, test, and maintain fire systems considered essential, and should they be granted entry into an ALF?

Answer: Yes. These are considered essential services, and these vendors should be granted access *if they are screened* and follow the appropriate CDC guidelines for transmission-based precautions. See CMS [QSO-20-14-NH](#) and [CDC guidance](#).

How do ALFs get personal protective equipment (PPE)?

Answer: Providers must have personal protective equipment available. You should try to get PPE through your normal supply chain or through other available resources first. Some resources are sister facilities, local partners or stakeholders, the Public Health Region, Healthcare Coalition, or [Regional Advisory Councils](#).

If you can't get PPE from vendor(s) and have exhausted all other options, reference the [State of Texas Assistance Request \(STAR\) User Guide](#) for instructions on submitting a request for supplies. Please note that this is not a guarantee of receiving PPE, as supplies might be insufficient to meet demand.

Providers who are having difficulty getting PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for residents receiving services while protecting staff. If providers are unable to get PPE for reasons outside their control, they should document their attempts to obtain it to present to HHSC surveyors if requested.

For the most current guidance on the use of PPE and how to conserve it, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#).

Resources:

- State of Texas Assistance Request (STAR)
- Public Health Region
<https://www.dshs.state.tx.us/regions/default.shtm>
- Local Public Health Organizations
<https://www.dshs.state.tx.us/regions/lhds.shtm>
- Texas Division of Emergency Management:
<https://tdem.texas.gov/>

How can ALFs protect their staff?

Answer: Facilities must have an emergency preparedness plan that addresses all required elements as addressed in 26 TAC [§553.44](#) including:

- Universal precautions on the use of PPE, conservation strategies, and strategies to address possible shortages
- Staffing and contingency plans
- Provisions of health and safety services for residents such as dialysis, oxygen and hospice
- Ensuring uninterrupted supplies such as linens, food, medications, and other needed supplies

Facilities must comply with all infection control requirements as required in 26 TAC [§553.41\(n\)](#), including:

- Reinforcing strong hygiene practices for residents and staff, such as proper handwashing, covering of coughs and sneezes, and use of hand sanitizer
- Properly cleaning, disinfecting, and limiting the sharing of medical equipment among residents and areas of the facility
- Regularly disinfecting all workspaces such as nurse's stations, phones, and internal radios
- Actively and consistently monitoring residents for potential symptoms of respiratory infections

Facilities should have PPE available, be equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment and provide staff with adequate office supplies to avoid sharing.

How do providers report confirmed cases of COVID-19?

Answer: Contact your local health department or the Department of State Health Services (DSHS) if you have no local health department. In addition, the ALF must report any confirmed case of COVID-19 in staff or residents as a self-reported incident to HHSC through [TULIP](#) or by calling Complaint and Incident Intake (CII) at 1-800-458-9858.

A confirmed case is considered a critical incident.

If a resident with presumptive or confirmed COVID-19 is being transferred to another health care facility, does the ALF need to inform the receiving facility of the individual's COVID-19 status?

Answer: Yes, the ALF must inform the receiving health care facility that the resident is presumptive or confirmed to have COVID-19.

Where do ALF providers go for the latest COVID-19 information?

Answer: Reliable sources of information that should be checked regularly include:

- [The Centers for Disease Control and Prevention](#)
- [The Texas Department of State Health Services](#)
- [The Health and Human Services Commission](#)

Is there a checklist available for ALFs that will help assess and improve our preparedness for responding to COVID-19?

Answer: Yes, CDC's [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#) identifies key areas that ALFs should consider in their COVID-19 planning. This tool can be used to self-assess the strengths and weaknesses of current preparedness efforts and also highlights important areas to review.

Why can't I visit my loved one who is an ALF resident?

Answer: Per Governor Abbott's March 19, 2020, [Executive Order No. 3](#), ALF providers must prohibit all visitors not providing critical assistance given the significant health and safety risk to medically fragile residents posed by COVID-19.

The facility should provide alternate means of communication for people who would otherwise visit, such as virtual communications (e.g. video or telephone conferencing systems) to promote ongoing contact between residents and their loved ones. For additional information, please refer to [PL 20-23](#).

When considering exceptions for end-of-life, does it apply to the relatives or loved ones of those residents who are under hospice care or only those who are actively dying?

Answer: Facilities should decide on a case-by-case basis when a resident is near the end of life and follow CMS and CDC guidance for visitation in a compassionate care situation. See [QSO-20-14-NH](#) and [CDC guidance](#).

If an ALF employee or an essential visitor has treated an individual or resident with confirmed COVID-19 but used the appropriate PPE while providing care, can that person continue to treat ALF residents, or are they prohibited from doing so for 14 days?

Answer: An ALF employee or essential visitor who is providing services while using the appropriate PPE is *not* prohibited from providing services to additional residents as long as they are consistent with all CDC guidelines

Due to this quickly evolving situation requiring frequent updates, the facility must continue to follow the most current guidance as provided by [Health and Human Services Commission](#) (HHSC), the [Centers for Disease Control](#) (CDC), the [Department of State Health Services](#) (DSHS) and your local public health department to reduce the risk of spreading the virus to residents.