

COVID-19 Clinical Update for Skilled Nursing Facilities

July 31, 2020

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Dr. Zachary Rubin**

**Acute Communicable Disease
Control Program
Los Angeles County Department
of Public Health**





Disclosures

There is no commercial support for today's webinar

Neither the speakers nor planners for today's webinar have disclosed any financial interests related to the content of the meeting

This webinar is meant for healthcare facilities and is off the record and reporters should log off now.



DISCLAIMER

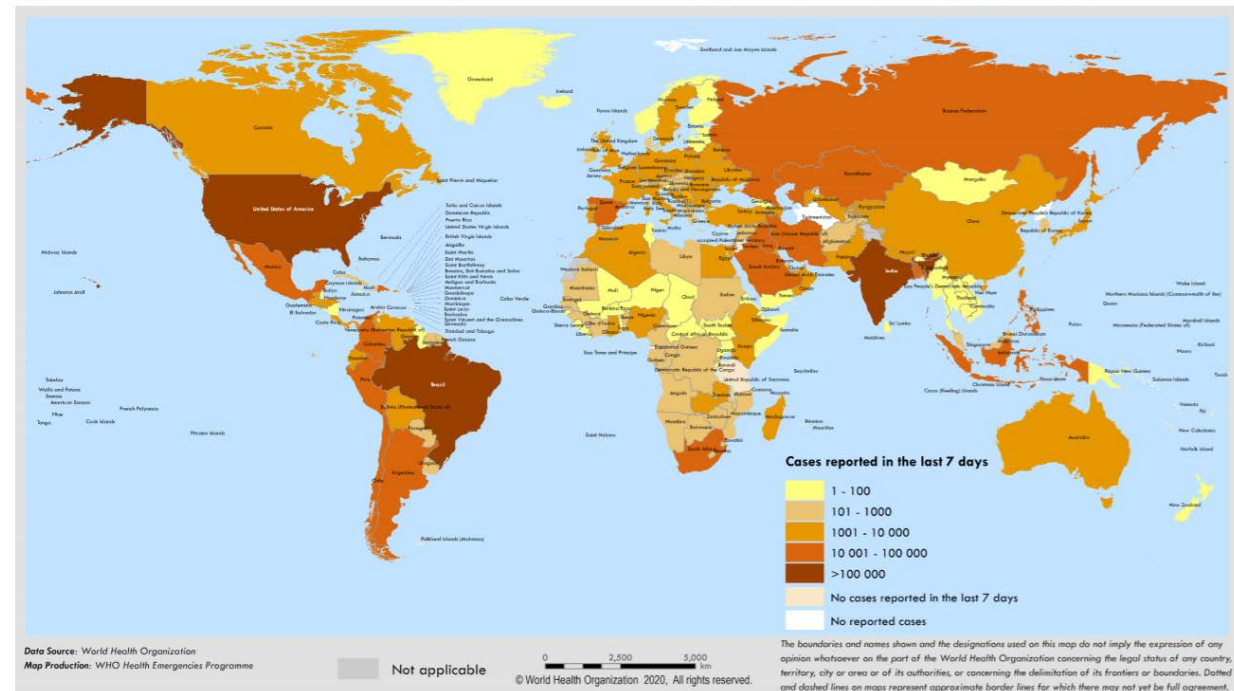
- This is a rapidly evolving situation so the information being presented is current as of today (7/31/20) so we highly recommend that if you have questions after today you utilize the resources that we will review at the end of this presentation.

Coronavirus COVID-19 Global Cases

7/30/20

4,461,585	US
2,552,265	Brazil
1,582,028	India
832,993	Russia
471,123	South Africa
408,449	Mexico
400,683	Peru
353,536	Chile
303,064	United Kingdom
301,530	Iran
285,430	Spain

Figure 1. Number of confirmed* COVID-19 cases reported in the last seven days by country, territory or area, 24 July to 30 July **

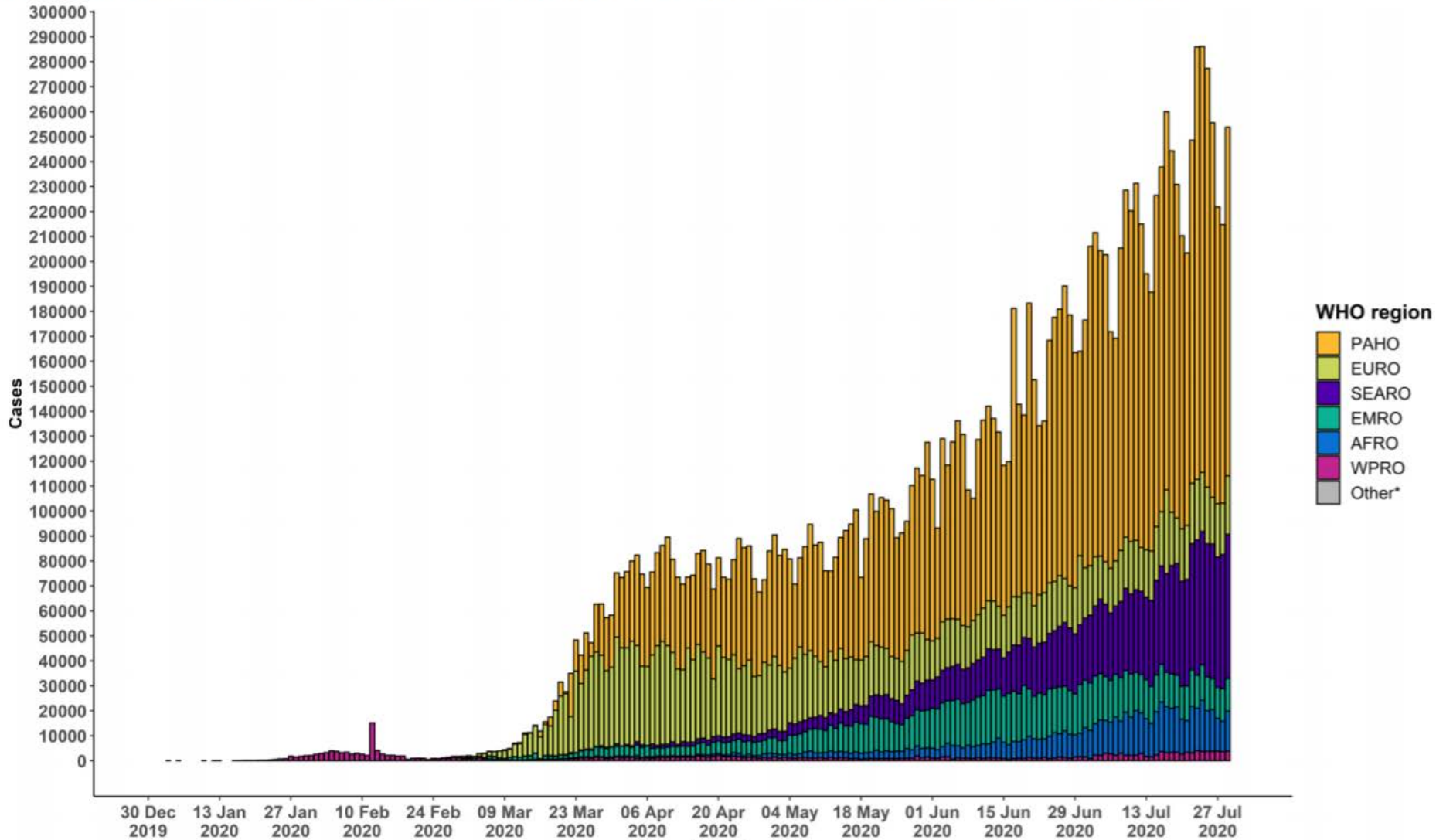


<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bd a7594740fd40299423467b48e9ecf6>
https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200730-covid-19-sitrep-192.pdf?sfvrsn=5e52901f_4

- 16.8M cases worldwide
- 662,090 deaths worldwide

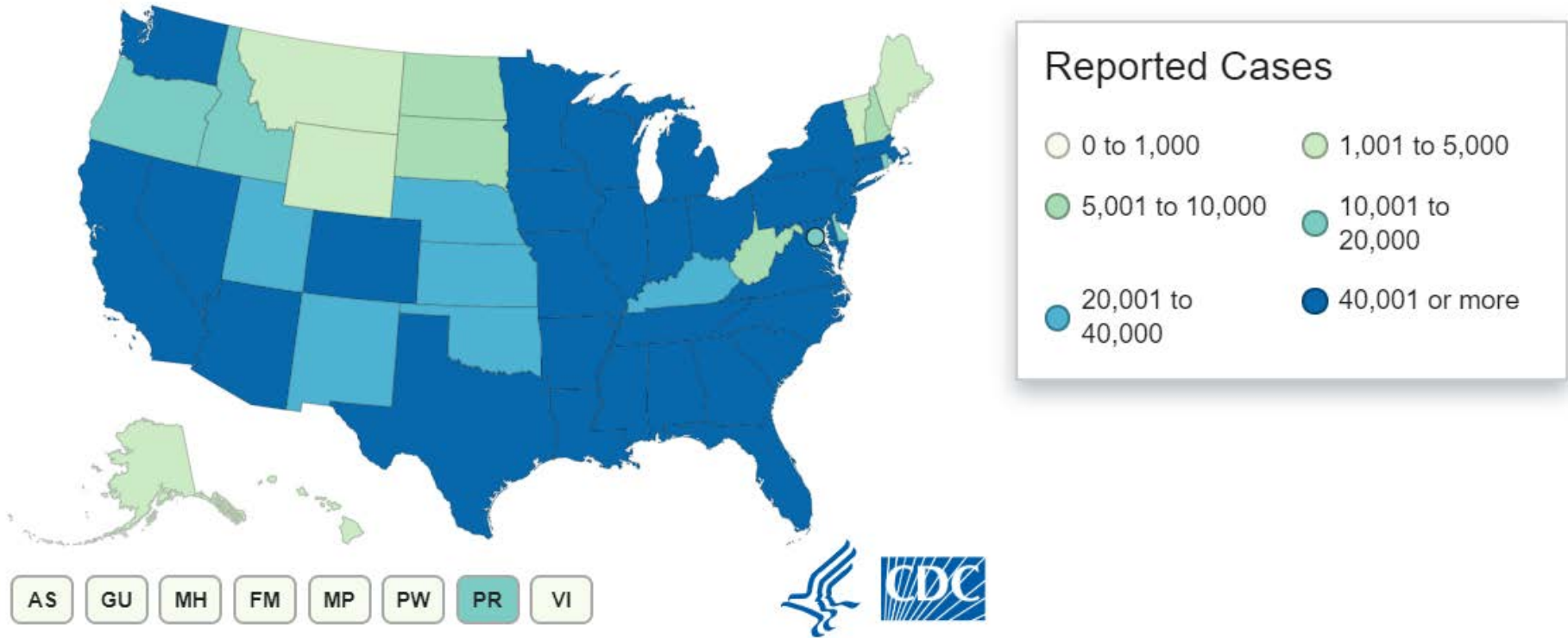


Figure 2. Number of confirmed* COVID-19 cases, by date of report and WHO region, 30 December through 30 July**



1. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200730-covid-19-sitrep-192.pdf?sfvrsn=5e52901f_4

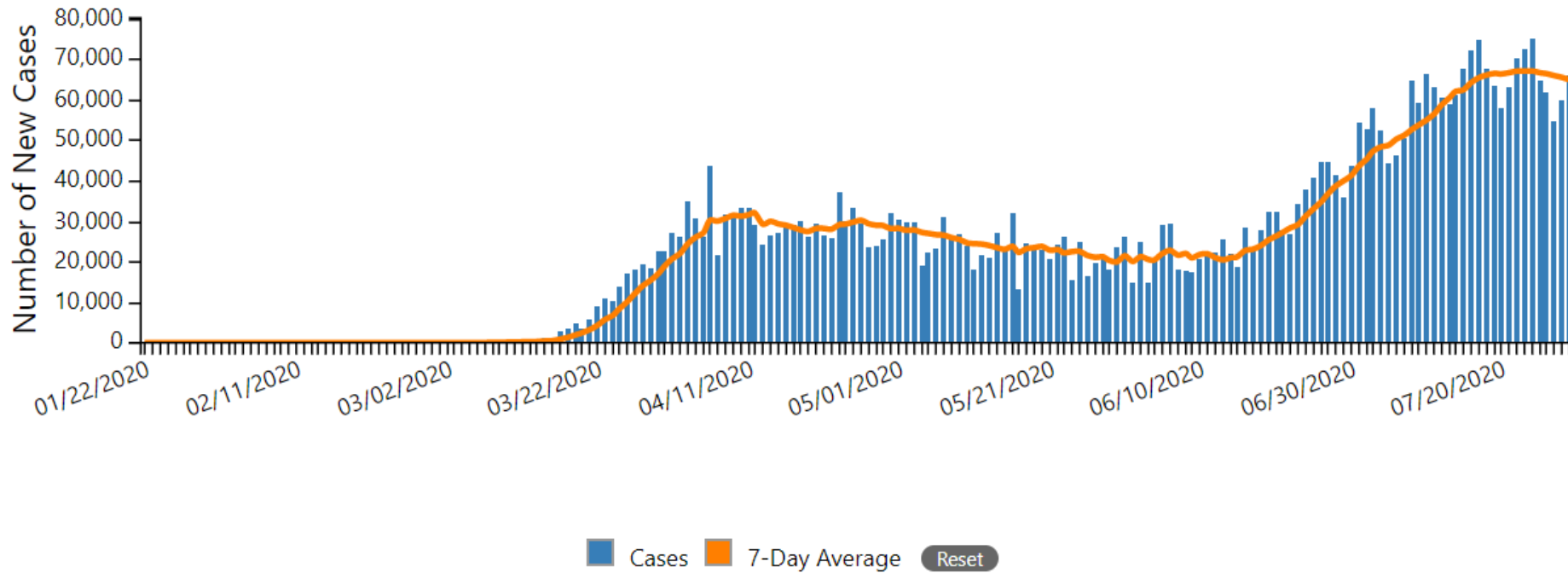
Case count by state, CDC



1. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>



US Case Count by Day, CDC



1. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>



Case Count in California

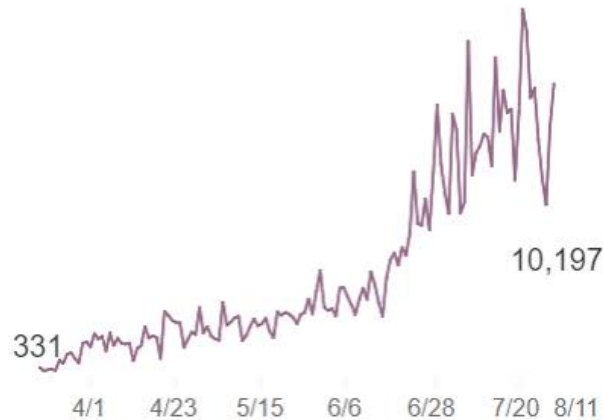
CALIFORNIA CASES

485,502

Day-Over-Day New Cases

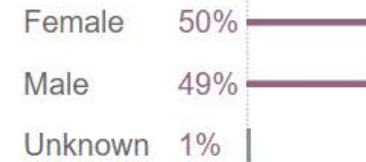
1 Day Δ	7 Day Δ	14 Day Δ
+10,197	+59,886	+129,324
+2.1%	+14.1%	+36.3%

7 Day Avg.	14 Day Avg.	Weekly % Change
8,555	9,237	-13.8%

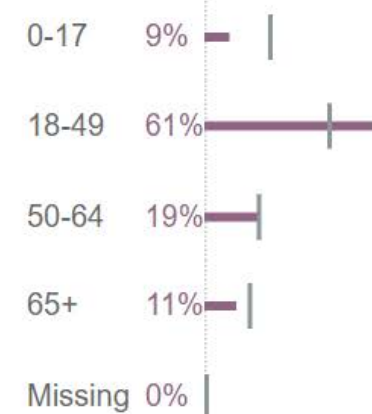


US Total Cases: 4,339,997

Gender



Age



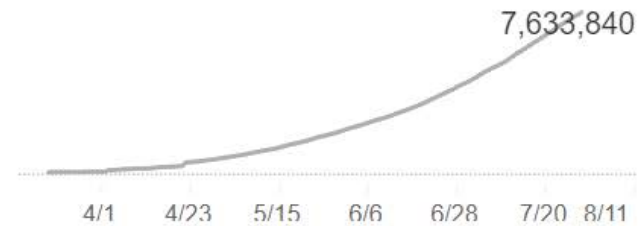
CALIFORNIA TESTING RESULTS

7,633,840

1 Day Δ
+116,374
+1.5%

14 Day Δ
+1,718,332
+29.0%

Positivity:
7 Day: 7.0%
14 Day: 7.5%



Cumulative Tests Reported (by 25 pub)



Death Count in California

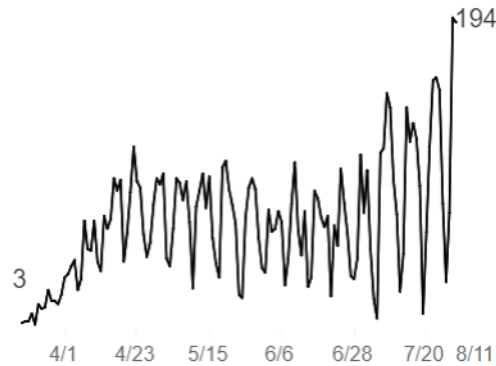
CALIFORNIA DEATHS

8,909

Day-Over-Day New Deaths

1 Day Δ	7 Day Δ	14 Day Δ
+194	+882	+1,564
+2.2%	+11.0%	+21.3%

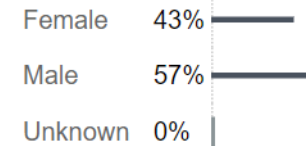
7 Day Avg.	14 Day Avg.	Weekly % Change
126	112	+29.3%



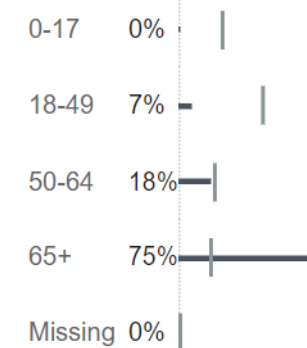
US Total Deaths: 148,866

Note: Numbers may not represent true day-over-day change as reporting of test results can be delayed.

Gender

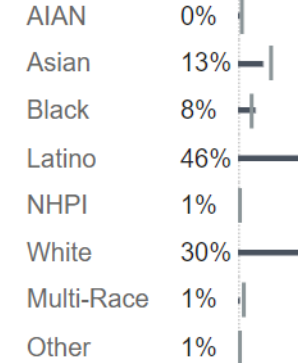


Age



| = California Population %

Race/Ethnicity



Note: Demographic percentages may not add up to 100% due to rounding. Breakdown of deaths is a subset of total deaths as reported by law enforcement.



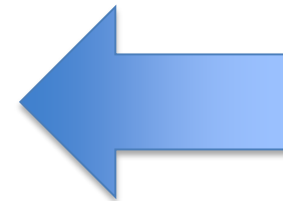
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LEARN MORE ABOUT COVID-19

- **BACKGROUND INFORMATION**
- **SYMPTOMS**
- **RESOURCES**



[View LA County
Daily COVID-19 Data](#)



[What You Should Know](#)

[Guidances](#)



Los Angeles County Case Count & Testing Data

Cases

4,825

New Cases Reported (07/29)*

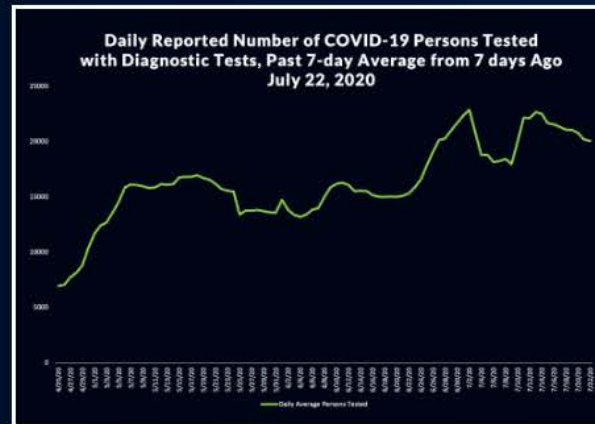
183,383

Total Cases Reported*

**including cases reported by Long Beach and Pasadena*

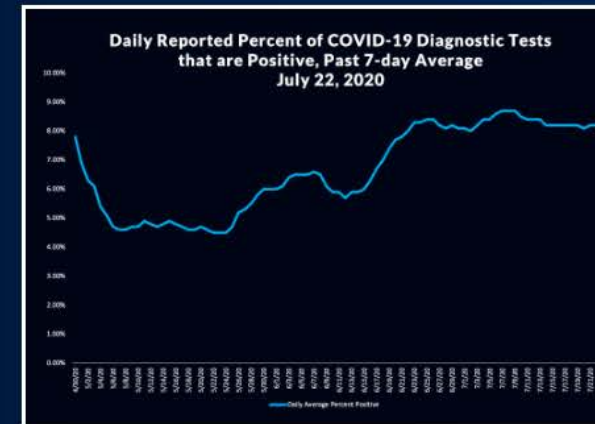
Health Departments

Testing



7-Day Daily Average: 20,071
Total Number of People Tested: 1,682,633

Testing Positivity Rate

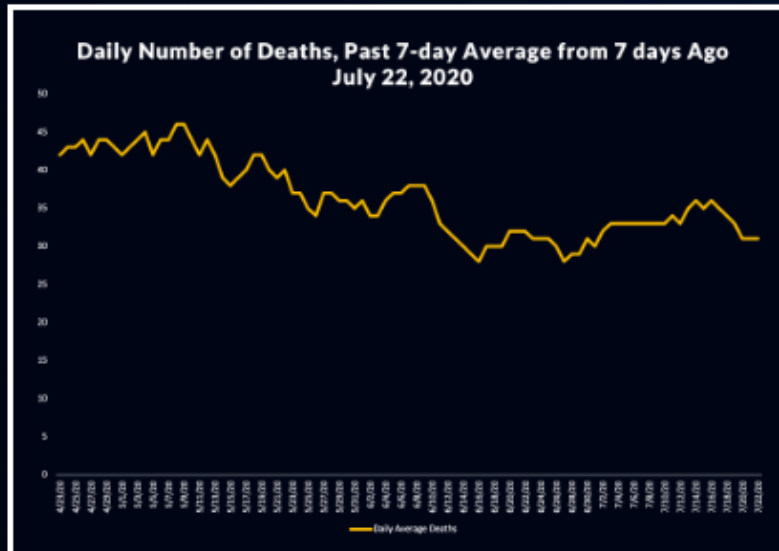


7-Day Daily Average: 8.2%

What This Means ?

Los Angeles County COVID Deaths

Deaths



New Deaths Reported (07/29): 91
Total Deaths Reported: 4,516

Death Rate

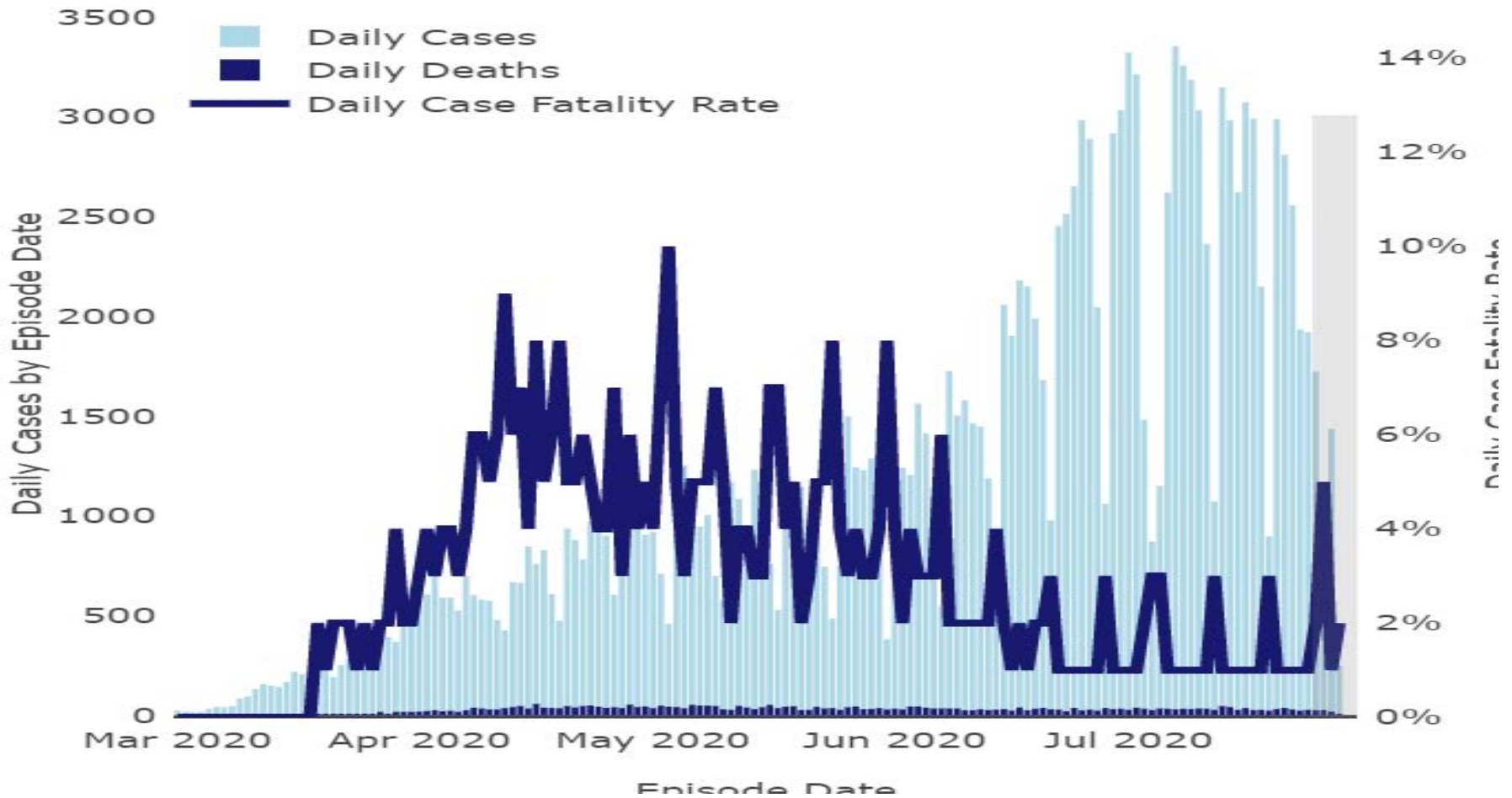
**Age-Adjusted Death Rates due to COVID-19 per 100K
July 28, 2020**

		Mortality Rate
Los Angeles County Total		41
Race/Ethnicity	Asian	32
	Black/African American	50
	Hispanic/Latino	60
	White	24
Area Poverty	<10% area poverty	21
	10% to <20% area poverty	40
	20% to <30% area poverty	56
	30% to 100% area poverty	88

by Race, Ethnicity and Poverty Level

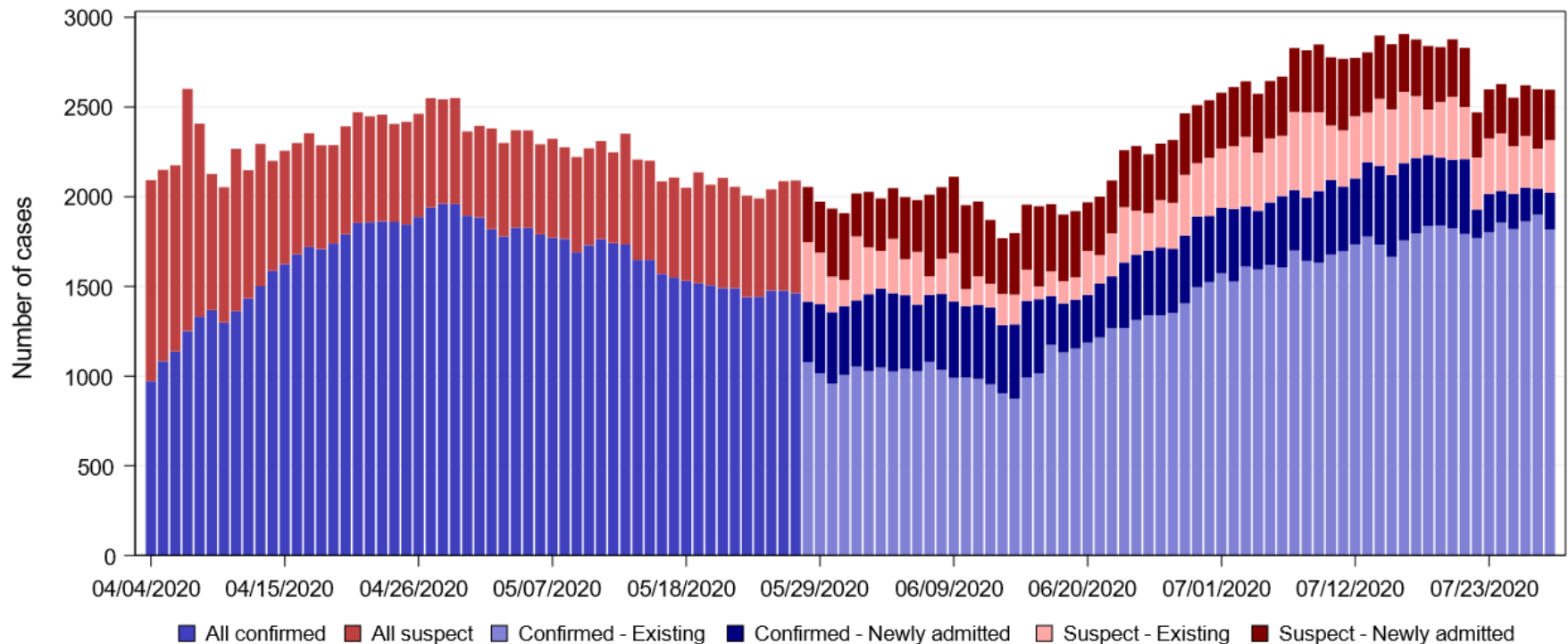


Los Angeles County Daily Case Count

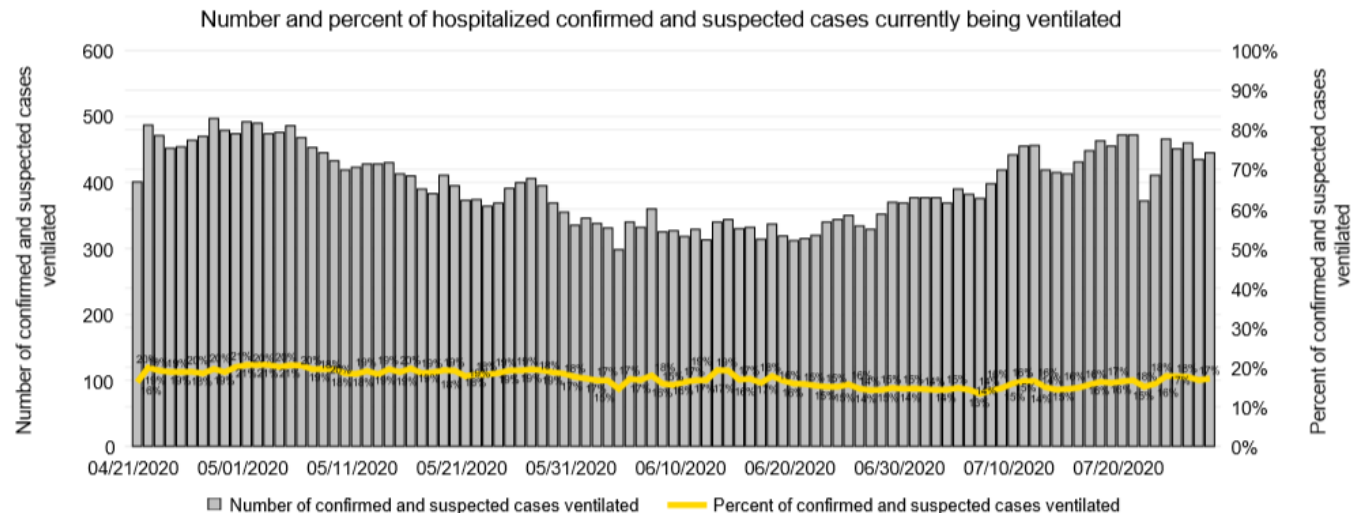
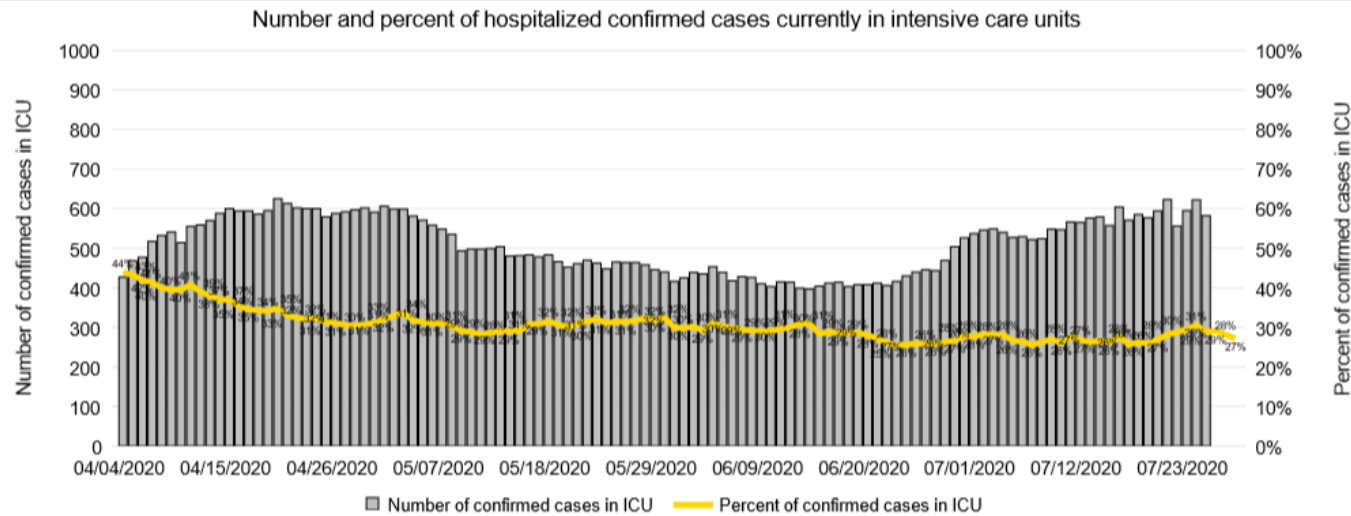


Hospitalized COVID cases in LA County

Number of confirmed and suspect cases

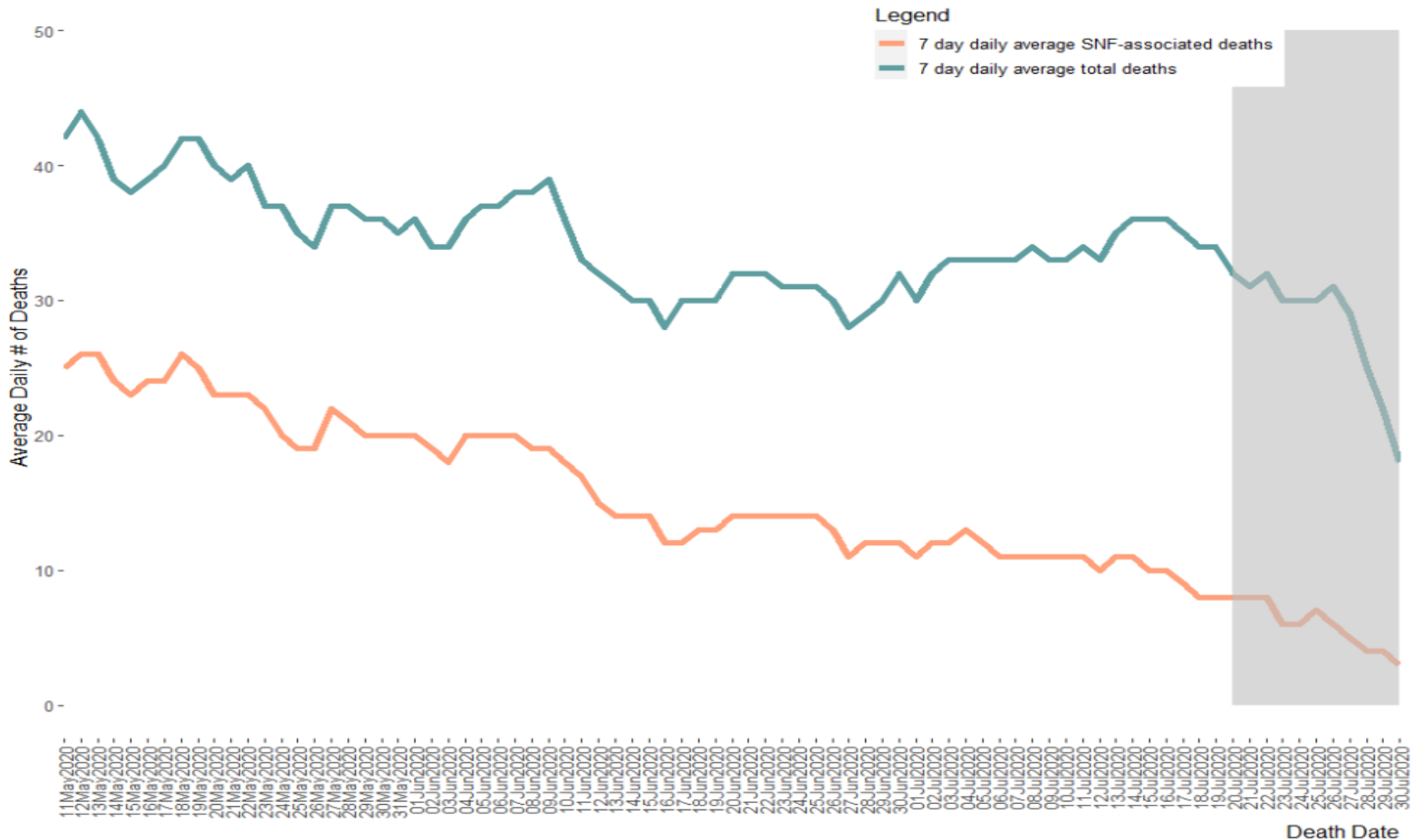


COVID cases in ICU, intubated in LA County





SNF vs total deaths in LA County





COVID-19 in Healthcare workers



COVID in Healthcare Workers

Figure 1. Reported Date of Symptom Onset for COVID-19 Positive Healthcare Worker Cases and First Responders^{1,2}

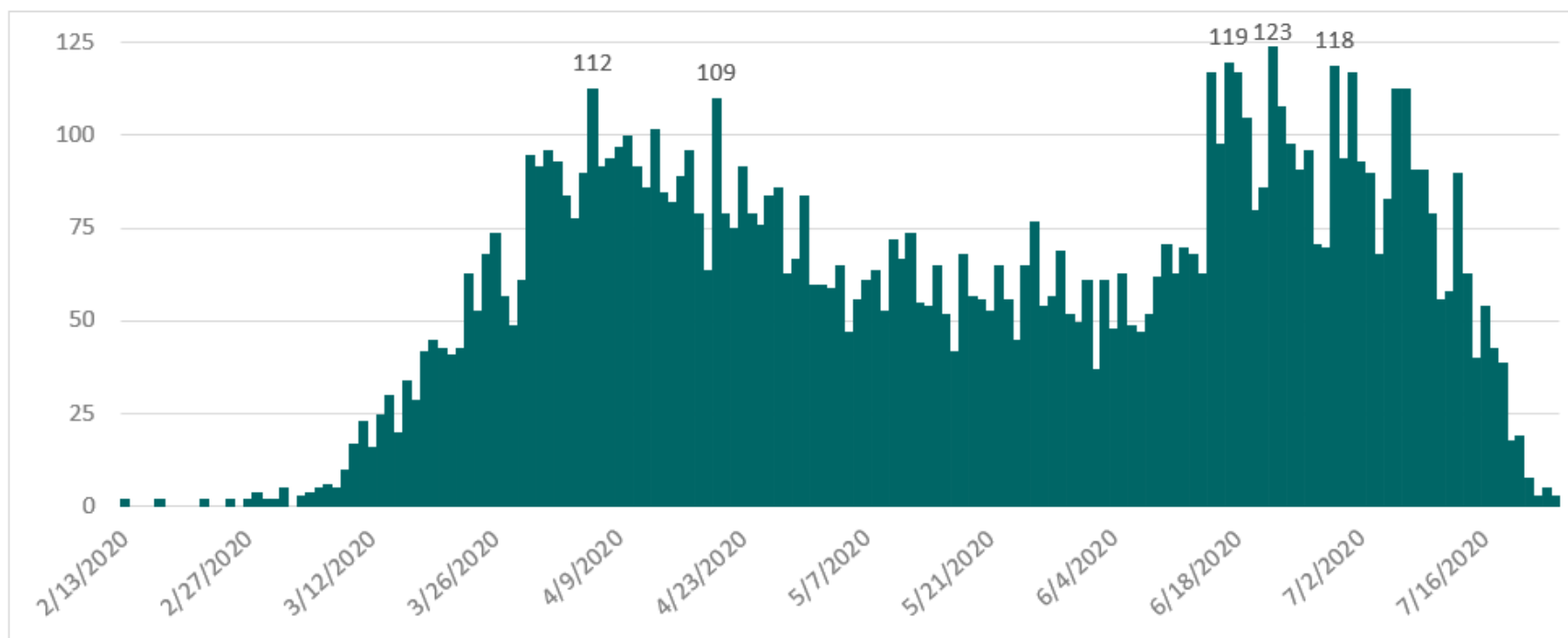




Table 2. Occupational Setting of COVID-19 Positive Healthcare Workers and First Responders¹

Setting	Count	Percent
Skilled Nursing/Assisted Living/Senior Living Facility	3989	34.7%
Hospital	3002	26.1%
Outpatient	996	8.7%
EMS/First Responder	607	5.3%
Corrections/Detention	519	4.5%
Home Health	425	3.7%
Dental	279	2.4%
Mental Health	223	1.9%
Shelter or Other Congregate	108	0.9%
Dialysis	98	0.9%
Pharmacy	89	0.8%
Urgent Care	81	0.7%
Other	75	0.7%
Substance Abuse	51	0.4%
Optometry/Ophthalmology Office	50	0.4%
Hospice	44	0.4%
Laboratory	40	0.3%
Surgery Center	40	0.3%
School	38	0.3%
DPH/DHS/DMH Services	33	0.3%
Medical Equipment	24	0.2%
Chiropractor	20	0.2%
Call Center	18	0.2%



Table 3. Occupational Role of COVID-19 Positive Healthcare Workers and First Responders¹

Role	Count	Percent
Nurse	4363	38.0%
Law Enforcement	731	6.4%
Caregiver	688	6.0%
Medical Assistant	547	4.8%
Administration	538	4.7%
Environmental Services	347	3.0%
Patient Services	307	2.7%
Food Services	295	2.6%
Non-patient Facing	271	2.4%
Reception/Check In	227	2.0%
EMT/Paramedic/Firefighter	221	1.9%
Surgical or <u>Other</u> Technician	215	1.9%
Physical/Occupational Therapist	214	1.9%
Dentist/Orthodontist/Dental Assistant	212	1.8%
Physician	210	1.8%
Psychiatrist/Therapist	155	1.4%
Pharmacist	137	1.2%
Social Worker	105	0.9%
Radiology	90	0.8%
Maintenance	79	0.7%
Respiratory Therapist	79	0.7%
Mid-level Practitioner	77	0.7%

HCW hospitalizations and deaths

Table 5. Hospitalizations among COVID-19 Positive Healthcare Workers and First Responders^{1,2,3}

Record of Hospitalization	Count	Percent
Yes	480	4.7%
No	9722	95.3%

¹ Data provisional and subject to change; cumulative until 7/26/20.

² Many hospitalized patients are unable to be interviewed; therefore, these numbers may be misrepresented.

³ Hospitalization record unknown for 1279 reported healthcare workers and first responders.

Table 6. Demographics of COVID-19-Related Healthcare Worker and First Responder Deaths^{1,2}

Gender	Count	Percent
Male	40	54.1%
Female	34	45.9%
Age		
18 to 40	7	9.5%
41 to 65	47	63.5%
Over 65	20	27.0%
Race/Ethnicity		
Hispanic, Latino, or Spanish	34	45.9%
Asian	29	39.2%
Black or <u>African-American</u>	5	6.8%
White	3	4.1%
Two or More Races	2	2.7%
Not Specified	1	1.4%
Co-Morbidities		
Yes	58	78.4%
None Reported	16	21.6%

¹ Data provisional and subject to change; cumulative until 7/26/20.

² Includes two who reside outside of LAC DPH jurisdiction.



Treatment of COVID-19



Hydroxychloroquine treatment

INFORMATION...

Annals of Internal Medicine[®]

Celebrating a Higher **Impact Factor** of **21.317!**



Practice Points

- Do not use chloroquine or hydroxychloroquine alone or in combination with azithromycin as prophylaxis against COVID-19.
- Do not use chloroquine or hydroxychloroquine alone or in combination with azithromycin as a treatment of patients with COVID-19.
- Clinicians may choose to treat hospitalized COVID-19–positive patients with chloroquine or hydroxychloroquine alone or in combination with azithromycin in the context of a clinical trial, using shared and informed decision making with patients (and their families).



COVID-19 Treatment guidelines (NIH)

← → ↻ covid19treatmentguidelines.nih.gov/whats-new/ ☆ 👤 ⋮

COVID-19 is an emerging, rapidly evolving situation.

Get the latest public health information from CDC: <https://www.coronavirus.gov>

Get the latest research information from NIH: <https://www.nih.gov/coronavirus>



COVID-19 Treatment Guidelines

[Home](#) / [What's New](#)

What's New

Introduction

Overview +

Critical Care +

Antiviral Therapy +

Immune-Based Therapy +

Adjunctive Therapy +

What's New in the Guidelines

Last Updated: July 24, 2020

July 24, 2020

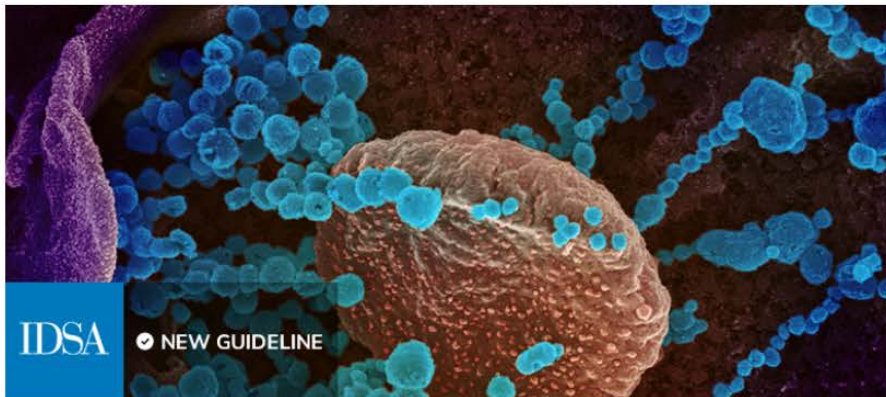
Key Updates to the Guidelines

[Remdesivir](#)

The recommendations for using remdesivir to treat COVID-19 have been revised to account for the patient's supplemental oxygen requirements and the mode of oxygen delivery. In this revision, patients who require supplemental oxygen are divided into two groups:

IDSA COVID-19 Resource Center

COVID-19 Resource Center



IDSA NEW GUIDELINE

New From IDSA:
Recommendations and Updates to the COVID-19 Treatment & Management Guideline

[Read More](#)

IDSA leads the way in detecting, preventing, treating and curing infectious diseases worldwide. We are updating this resource center daily with must-have information for clinicians and decision-makers.

COVID-19 Featured Resources

Resource Categories

- Clinical Guidance
- Special Populations & Settings
- Research & Journals
- Workplace Health & Safety
- Practice Resources/Telehealth
- News, Policy & Advocacy

[View All Resources](#)

 CDC/IDSA COVID-19 CLINICIAN CALL

- COVID-19 & Renal



COVID Testing Update





COVID Testing

	MOLECULAR TEST	ANTIGEN TEST	ANTIBODY TEST
Also known as...	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Rapid diagnostic test (Some molecular tests are also rapid tests.)	Serological test, serology, blood test, serology test
How the sample is taken...	Nasal or throat swab (most tests) Saliva (a few tests)	Nasal or throat swab	Finger stick or blood draw
How long it takes to get results...	Same day (some locations) or up to a week	One hour or less	Same day (many locations) or 1-3 days
Is another test needed...	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate but negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows...	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What it can't do...	Show if you ever had COVID-19 or were infected with the coronavirus in the past	Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19



Antigen testing

- EUA approved tests
 - BD Veritor (BD)
 - Sofia Sars-COV-2 testing (Quidel)
- Clinical use of antigen tests still being defined
 - Higher false negative rate
 - Negative tests should be confirmed with PCR
- Positive tests need to be reported to LAC DPH



**REOPENING SAFER AT WORK AND IN THE COMMUNITY
FOR CONTROL OF COVID-19
ACCESS TO DIAGNOSTIC TESTING THROUGH
HEALTHCARE FACILITIES**
Date Order Issued: July 8, 2020

1. Increase access to diagnostic testing for COVID
2. Healthcare facilities should offer testing to patients:
 - a. Symptomatic persons
 - b. Close contacts of lab confirmed cases in previous 2-14 days
 - c. Other patients per provider
3. Diagnostic testing should be at clinic, health system lab or affiliated/contracted lab



LAC DPH COVID-19 Update: Discontinuing Isolation, Recently Recovered Patients, Universal Eye Protection

July 28, 2020



*This message is intended for all healthcare providers in Los Angeles County.
Please distribute as appropriate.*

Key Messages

- The Centers for Disease Control and Prevention (CDC) have revised their recommendations for discontinuing isolation and precautions of persons with COVID-19 including updating the symptom-based strategy and no longer recommending the use of PCR to discontinue isolation, except in rare situations. See *Discontinuing Isolation and Precautions* below.
- Both the CDC and California Department of Public Health (CDPH) recommend that asymptomatic persons who have recovered from PCR-confirmed COVID-19 should not be re-tested for 3 months after the onset of the initial infection. See *Persons who have Recently Recovered from COVID-19* below.
- Eye protection, in addition to a facemask, is now recommended for any close contact with patients. See *Universal Use of PPE for Patient Care* below.



New CDC guidance re: timing of isolation/precautions

- Transmission-based precautions and isolation
 - 10 days for asymptomatic/mild/moderate disease without immunosuppression
 - 20 days for severe/critical or immunosuppression
 - AND 24 hours (previously 3 days) without fever & improvement with symptoms.
- SNF
 - 14 days for asymptomatic/ mild disease
 - 20 days for hospitalized patients, immunosuppression
- Testing-based clearance strategy recommended only for unusual situations as recommended by ID physicians



**LAC DPH Health Advisory:
Resurgence of *Candida auris* in
Los Angeles County**

July 17, 2020



This message is intended for clinicians, infection preventionists, and laboratorians working in healthcare facilities. Please distribute as appropriate.

Key Messages

- The Los Angeles County Department of Public Health (LAC DPH) has recently received multiple reports of healthcare associated *Candida auris* (*C. auris*) isolates and has also identified one outbreak of *C. auris* in a Los Angeles County healthcare facility.
- Preventing the spread of multi-drug resistant organisms (MDROs) is still of utmost importance in the midst of the COVID-19 pandemic.
- Suspect or confirmed *C. auris* cases identified in LA County should be reported within one working day to the LAC DPH.



Skilled Nursing Facility Updates





Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities

Page Header

Summary of Recent Changes: These guidelines were updated on 7-27-20 to include the following:

1. Non-essential visits are not allowed at this time due to the upward daily average trend in community transmission of COVID-19.
2. Updated criteria for discontinuation of transmission-based precautions and return to work to reflect the new CDC guidance
3. Residents who undergo regular dialysis treatments outside of the facility should be housed in the quarantine (YELLOW) cohort together.
4. Addition of COVID-19 testing resource links to the Department of Health Services Reference Guide and California Testing Taskforce.
5. New figure *PPE in Each Cohort*

[DHS reference guide](#) or the [California Testing Taskforce for laboratory](#) resources.

<http://publichealth.lacounty.gov/acd/docs/nC19COVIDLabReference.pdf>

https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/07/COVID-19-Testing-Task-Force-Lab-List-updated-07_2_20.pdf



What You Should Know

What's Open in Los Angeles County

- ▶ Reopening Protocols
- ▶ Reopening Toolkits
- ▶ Recovery
- ▶ Health Officer Order

Containment Plan

- ▶ Reduce Your Risk of COVID-19 Outside the Home
- ▶ Cloth Face Coverings
- ▶ Social Distancing
- ▶ Contact Tracing
- ▶ Testing

Optimizing PPE Supply

- ▶ Report a Violation
- ▶ Donate Medical Supplies

COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report

- ▶ Avoid COVID-19 Scams

Guidances

Businesses and Employees

Community Services and Organization

Congregate Settings

Homeless Services

Food Service

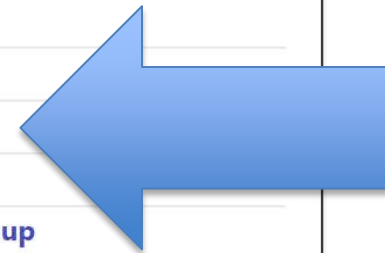
Healthcare and First Responder

Public Service

Individuals, Families, and Specific Group

School, Universities, Early Care and Education

Correctional and Detention Facility





HEALTH CARE WORKER AND FIRST RESPONDER

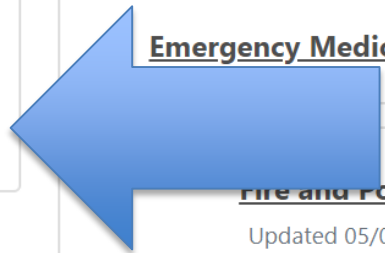
Healthcare Professionals, including
Dentists
Healthcare Facilities including LTCFs

Emergency Medical Services

Fire and Police
Updated 05/01/20

Dialysis Centers

Adult Day Health Center



PUBLIC SERVICE

Guidance for Veterinary Practice Personnel
Updated 04/29/20

Animal Control
Updated 05/01/20

Public Transportation FAQ
English | العربية | հայերեն | မြန်မာစာ |
简体中文 | 繁體中文 | فارسی | 日本語 |
한국어 | Русский | Español | Tagalog |
Tiếng Việt
Updated 06/02/20

Public Transportation Infographic
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简体中文 | 繁體中文 | فارسی | 日本語 |
한국어 | Русский | Español | Tagalog |
Tiếng Việt

Guidance for Van and Car P
NEW

Cooling Centers FAQ
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简体中文 | 繁體中文 | فارسی | 日本語 |
한국어 | Русский | Español | Tagalog |
Tiếng Việt

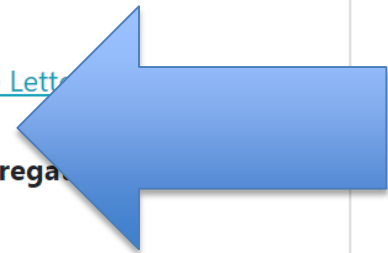


Long Term Care Facilities Including Skilled Nursing Facilities (SNFs)

Guidance and Resources

LAC DPH

- **Implementing the Active Surveillance Requirement in SNFs:** (5-13-20) [Guidance Letter](#)
- **Preventing and Managing COVID-19 in SNFs:** [Guidance](#) (6-17-20)
- **Health Officer Order-Prevention of COVID-19 Transmission in Licensed Congregational Facilities:** [Order](#) (4-24-20), [FAQ](#) (5-20-20)
- **Facility-Based Testing Strategies for SNFs:** [FAQs](#) (5-21-20)
- **SNFs with Specific Units, Floors, or Buildings Dedicated to COVID-19 Patients:** [Baseline Requirements](#) (5-28-20), [Listing of SNFs](#) (Updated Often)



CDC

- **Responding to COVID-19 in Nursing Homes:** CDC [Guidelines](#)
- **Testing for COVID-19 in Nursing Homes:** CDC [Considerations](#)

Transfer and Discharge Rules

Interfacility Transfer & Home Discharge Rules: (4-23-20) [Rules Page](#) Patient transfer criteria from hospitals to LTCF/SNFs, group settings (including psychiatric and mental health facilities), and home. Also includes guidance on LTCF/SNF transfers to other LTCF/SNFs or group settings.

Emergency Departments Return-to-Facility & Home Discharge Rules (3-23-20) [Rules PDF](#)

PPE Shipments from FEMA

FEMA is coordinating two shipments totaling a 14-day supply of personal protective equipment to all 15,400 Medicaid and Medicare-certified nursing homes in America. The first shipments are expected to begin the first

CDPH AFL

- AFL 20-52 (5/11/20)
 - Mitigation plan
 - Cohort (3 cohorts)
 - Full time Infection Preventionist
 - N95 for use caring for COVID, surgical mask if not available
- AFL 20-53 (5/22/20)
 - Testing by SNF, TAT ≤ 48 hours
 - Baseline, surveillance, response-driven testing
 - Quarantine all admissions/readmissions & test day 0 & 14



State of California—Health and Human Services Agency
California Department of Public Health





Opening an Outbreak





Outbreak definition

- At least **one** laboratory confirmed case (symptomatic or asymptomatic) of COVID-19 in **resident** who has resided in the facility for at least 14 days

OR

- A sudden increase of acute febrile respiratory illness (e.g. Fever measured or reported as **>100.0°** F and either a cough, sore throat, or shortness of breath) in the setting of community transmission of COVID-19 – a minimum of 2 Person Under Investigation (PUI).



What is not an outbreak....

- Staff member + COVID (requires response testing, but not OB)
- COVID+ resident transferred to SNF less than 14 days before (in quarantine)



Closing an outbreak

- 2 serial rounds of negative response testing (done weekly)—after July 1.
- 14 days after last symptomatic case if response testing is not done (until July 1).



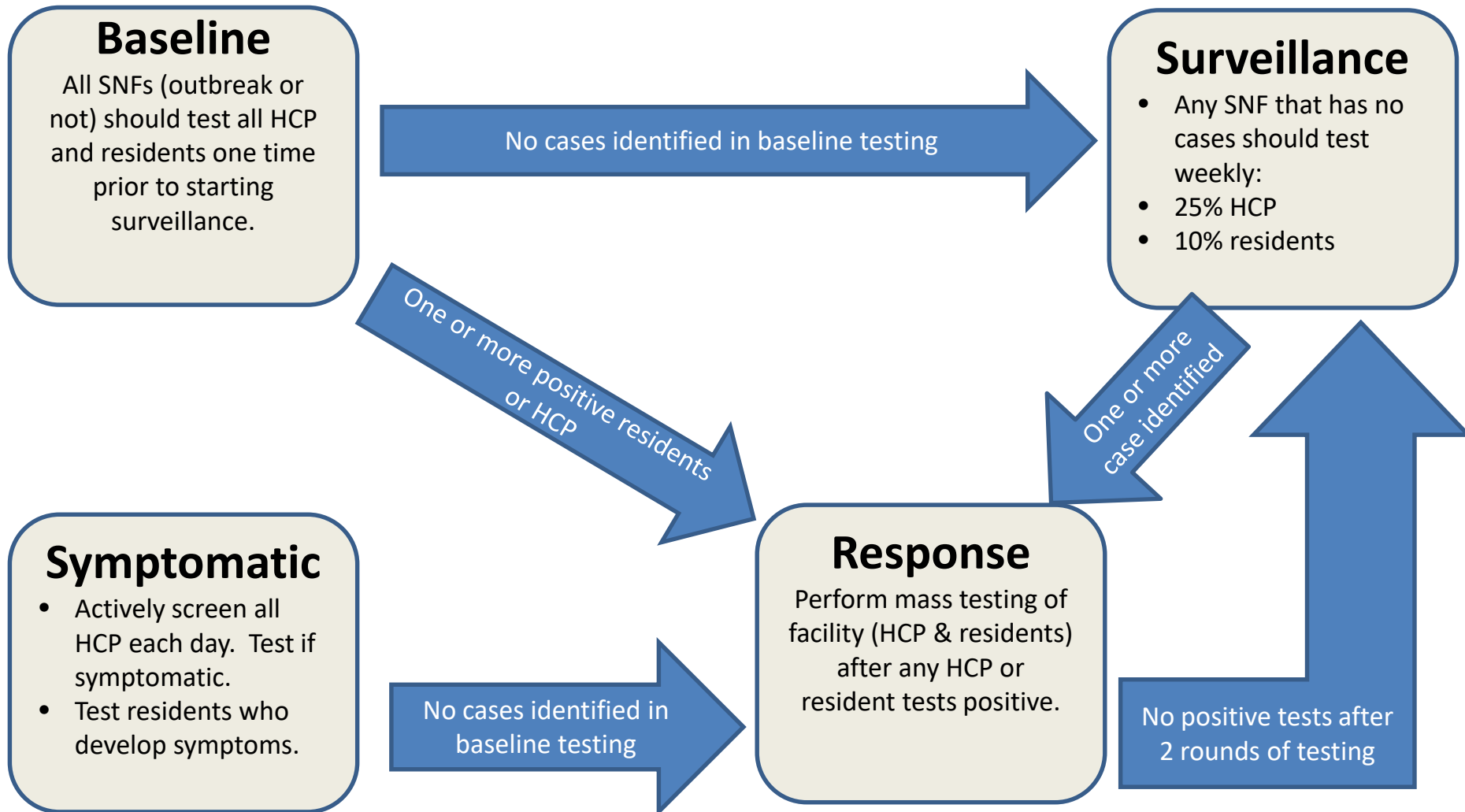
Admission hold

- In an outbreak situation, all new admissions may be held based on the assessment of the AMD
- Consider allowing admissions if the following criteria are met:
 - Dedicated quarantine unit to place new admissions
 - Dedicated COVID, quarantine and non-COVID areas in the facility
 - Ability to cohort residents per protocol
 - Demonstration of good infection control practices
 - No evidence of transmission with 1 round of response testing of residents and staff
 - Adequate supply of PPE
 - No staffing shortages reported



Testing & Cohorting in SNFs





Testing Strategy for Nursing Homes



Testing details

- LACDPH/CDPH do not recommend repeated testing for patients who have previously tested positive x 90 days.
- LACDPH and LA City have completed baseline testing for all SNFs
- Ongoing testing is required of SNFs per CDPH.
 - CDPH to provide additional guidance on funding.
- Labs must have quick TAT (48 hours or less)
- All new admissions and re-admissions (not previously infected w COVID) require testing on admission → 14 day Quarantine → negative test.



Green Cohort (Non-COVID Area)

- Recovered COVID
- Completed quarantine x 14 day
- Never had symptoms
- Asymptomatic

Yellow Cohort (Mixed)

- New admission or readmission
- Exposure to COVID
- Residents who leave facility for dialysis
- PUI (**single room**)
- Indeterminate test result (**single room**)

Red Cohort (Isolation)

+ COVID test

COVID Exposure

COVID Symptoms

14 days after quarantine
& negative COVID test

COVID+ Test





20 days after(+) or negative test x 2



Movement between cohorts

- Staff should be dedicated to RED cohort
 - Staff shortage (ie RN, LVN, MD, etc) staff may visit RED last and doff PPE.
 - RED zone should be restricted if staff wearing gowns between rooms (common spaces considered contaminated)
- Yellow & Green
 - Staff may move between cohorts, but adhere to PPE
 - Yellow may not be in a physical location (room-based standard precautions) given that all PPE stays in room.
 - In shortage, gowns may be stored and re-used for each patient. Care should be made to ensure they are dedicated to a single resident, not touching & not worn inside-out.

Novel Coronavirus (COVID-19) | Guidelines for Skilled Nursing Facilities

<p><u>Personal Protective Equipment</u></p>	<p><u>Green Cohort (Non-COVID Area)</u></p>	<p><u>Yellow Cohort (Mixed)</u></p>	<p><u>Red Cohort (Isolation)</u></p>
<p>Transmission-based Precautions</p>	<p>Standard + mask + eye protection*</p> <p>Contact/Droplet + eye protection^</p> <p>Contact/N95 + eye protection</p>		
	<p>Surgical masks may be worn for duration of shift and doffed when contaminated.</p>		
	<p>N95 respirators may be worn for duration of shift and doffed when contaminated.</p>		
	<p>*Goggles/face shields may be worn with contact with respiratory secretions/body fluids.</p>	<p>^Goggles/face shields when providing care within 6 feet of resident.</p>	<p>Goggles/face shields worn for duration of shift</p>
	<p>Gowns should be used when needed (Standard Precautions).</p>	<p>Gowns should be worn with only single patient.</p>	<p>Shortage: gowns may be worn with multiple patients, if no other MDRO.</p>



Infectious period





Infectious period for residents & staff are different

- **Resident** (10 or 14 days per CDC/CDPH)
 - 14 days from date of symptoms onset (symptomatic)
 - 14 days from date of test (asymptomatic)
 - 20 days for hospitalized & immunosuppressed
- **Staff** (10 days per CDC)
 - 10 days from date of symptoms onset (symptomatic)
 - 10 days from date of test (asymptomatic)
 - Should not come to work if symptomatic
 - In staff shortage: asymptomatic, may return to work & care for COVID-19 only. Separate respite & bathrooms from COVID negative.



Resuming Communal/Group activities & Visitation





Activities and Visitation in SNFs

- CMS and CDPH provided recommendations about easing restrictions
 - PPE, testing, staffing, COVID status
- Communal dining and group activities allowed in the green cohort with universal masking, social distancing in small groups.
 - Further guidance in upcoming updated guidance document.
- Visitation is not allowed at this time except for end-of life situations.



Questions

