Transforming Lives

Safe Start for Long Term Care: Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities

Thank you for joining us today for this informational presentation addressing our response to the COVID-19 world event. The webinar will begin shortly.

July 31, 2020

Important Notice About Today's Presentation

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Information About Today's Presentation

- This is an informational webinar for long-term care, public health, and other healthcare partners. The webinar is not intended for the media.
- Due to the large number of participants, all attendees will be muted.
- Please submit your comments or questions in the **Question Pane**.
  - We will attempt to answer as many of your questions as possible at the end of the presentation.

Today's Presenters

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Washington State Department of Social & Health Services
Transforming lives

Acknowledgement

Thank you to the many professionals and stakeholders who contributed to the drafting of these recommendations and requirements.

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Purpose

- Provide information in advance of the Governor's Proclamation.
- Provide an opportunity to prepare for implementation of the Safe Start for Long-Term Care requirements and recommendations.

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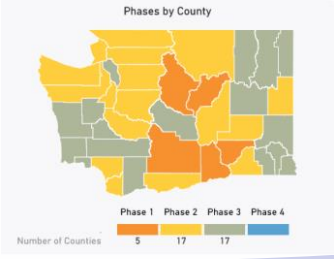
Providers regulated by Safe Start

- Nursing Homes (NH);
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID);
- Adult Family Homes (AFH);
- Assisted Living Facilities (ALF);
- Enhanced Services Facilities (ESF);
- Supported Living Agencies (SL);
- Group Homes, Group Training Homes; and
- State-Operated Living Alternatives (SOLA)

Your County's Current Phase According to the Governor's Safe Start Program



County Phases and Risk Assessment, https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard **accessed on July 28,2020**

Safe Start Recommendations and Requirements

Refer to this document for the full list of requirements and specifications


Safe Start for Long Term Care
Recommendations and Requirements
Adult Family Homes, Assisted Living Facilities & Enhanced Services Facilities

Introduction

Introduction

Washington State Department of Health (DOH) and Department of Social and Health Services (DSHS)

- Decisions on relaxing restrictions should be made:
  - With careful review of various aspects of the different facilities and communities;
  - In alignment with the Governor's Proclamations; and
  - In collaboration with state and local health officials.

Note: DSHS, DOH, and the Governor's Office should regularly monitor the factors for reopening and adjust Washington's reopening plans accordingly.

Residential Care Settings and Supported Living Provider Reopening Requirements

1. Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.

2. Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.

Residential Care Settings and Supported Living Provider Reopening Requirements (cont.)

3. Follow this DSHS and DOH phased reopening plan based on the Governor's Safe Start phased plan.

4. Providers must follow the *"Washington Phased Approach for Modifying Physical Distancing"* and Governor Proclamations: **Safe Start Plan.**

Residential Care Settings and Supported Living Provider Reopening Requirements (cont.)

5. The LHJ or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services.

6. The facility or agency cannot move into the next LTC re-opening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county.

Residential Care Settings and Supported Living Provider Reopening Requirements (cont.)

- An outbreak in a LTC facility is defined by DOH as:

Long-Term Care Facility Outbreak

Outbreak Definition:

- One resident or healthcare worker with confirmed COVID-19,
  OR
- One resident with severe respiratory infection resulting in hospitalization or death,
  OR
- Two or more residents or healthcare workers with new-onset respiratory symptoms consistent with COVID-19 within 72 hours of each other.

Outbreak End:

- 28 days from the date of the last onset of symptoms
  OR
- From the last positive test of an asymptomatic person, whichever is longer.

Residential Care Settings and Supported Living Provider Reopening Requirements (cont.)


Interim COVID-19 Outbreak Definition for Long-Term Care and Residential Care Facilities

[Interim COVID-19 Outbreak Definition for Long-Term Care and Residential Care Facilities]

Facilities Must Have

1. Access to adequate testing of residents and staff and access to ongoing COVID-19 testing at an established commercial laboratory.
2. Capacity to conduct ongoing testing of residents and staff.
3. A response plan to inform cohorting and other infection control measures.

Facilities Must Have (cont.)

4. A plan to actively screen all staff and visitors per DOH guidance.
5. Dedicated space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting.
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents.
   - May be requested by DSHS, DOH, or LHJ to complete an outbreak investigation.
   - Technical assistance with developing plans can be received from the Local Health Jurisdiction.

Facilities Must Have (cont.)

7. Protected and promoted resident and client rights while following standards of infection control practices
   - Including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Phase 1

Phase 1

- Phase 1 is designed aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations.
- Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks.
- Check the COVID 19 Risk Assessment Dashboard to see what the metric is for your county.
- If your county is currently meeting the definition of heightened virus spread the facility will remain phase 1.

Phase 1: Visitation

- Indoor visitation prohibited, except for:
  - Compassionate care situations restricted to end-of-life and psycho-social needs; and
  - Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits).
    - Note: these limited and controlled visits may be included in the facility's temporary visitation policy and are not mandated, but rather at the discretion of the facility.
  - Compassionate care visitors are screened.
    - All visitors must wear a cloth face covering or face mask for the duration of their visit.
    - Facility/home must provide a face mask if needed.

Phase 1: Visitation (cont.)

- Visitors must sign in and the log kept for 30 days.
- Facilities should have policies in place for remote visitation.
  - Whenever possible will include:
    - Access to friends, family, their spiritual community and the Ombudsman.
- Window visits are not restricted or prohibited and depend on the facility's:
  - Grounds safety, resident privacy and choice, facility capacity, case mix, and staffing.

Phase 1: Visitation (cont.)

- Outdoor visits allowed under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing.
  - Outdoor visits limited to 2 visitors per resident each visit

Visitor Log Must Include

- Date
- Time in and time out
- Name of visitor
- Visitor's contact information
  - Phone number
  - Email address if available

These are the same requirements for Phase 2, 3, and 4.

Phase 1: Essential/Non-essential Healthcare Personnel

- Entry restricted to essential healthcare personnel only.
- All healthcare personnel must be screened upon entry and wear a face mask for the duration of the visit and PPE as appropriate.
- Essential healthcare personnel such as Nurse Delegators will follow DOH guidance for nurse delegation.

Phase 1: Medically and Non-Medically Necessary Trips

- Telemedicine should be utilized whenever possible.
- Non-medically necessary trips outside the building should be avoided.
- For medically and non-medically necessary trips away from of the facility:
  - Resident must wear a cloth face covering or face mask; and
  - Facility/home must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.

Phase 1: Medically and Non-Medically Necessary Trips (cont.)

- Transportation staff, at a minimum, must wear a face mask. Additional PPE may be required.
- Transportation equipment shall be sanitized between transports.
- Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status.

Phase 1: Communal Dining

- Communal dining is not recommended.
- For residents who require staff assistance with feeding appropriate hand hygiene must occur between residents and residents must be seated at least six feet apart.
- Disinfect all eating areas with disinfectant before and after meals.
- Separate residents with choking and coughing conditions and provide appropriate staff supervision.

Phase 1: Screening

- Actively screen residents daily.
- Actively screen all staff and all essential healthcare personnel entering the building.
- Do not screen EMTs or law enforcement.

Phase 1: Screening (cont.)

- Screening includes:
  - Temperature checks;
  - Questionnaire about symptoms and potential exposure; and
  - Observation of any signs or symptoms.
- Ensure that all people entering the facility/home have a cloth face covering or face mask.

Phase 1: Universal Source Control and Personal Protection Equipment (PPE)

- All facility staff must wear a cloth face covering or face mask.
- All facility staff and essential healthcare personnel must wear appropriate PPE to the extent PPE is available.
- Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.

Phase 1: Cohorting and Dedicated Staff

- Follow LHJ guidance for any isolation and cohorting of residents.
- Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
- Plans must be in place to:
  - Manage roommates who test positive and have roommates;
  - Manage new admissions and readmissions with an unknown COVID-19 status; and
  - Manage/monitor residents who routinely attend outside medically-necessary appointments.

Phase 1: Cohorting and Dedicated Staff (cont.)

- Depending on the size of home and number of rooms AFH providers may have to transfer residents.
- Monitor staff who work with multiple clients and agencies.

Phase 1: Group Activities

- Restrict group activities.
- Engagement through technology is preferred to minimize exposure.
- Facilities/homes should have procedures in place to engage remotely or virtually.

Phase 1: Testing

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria

- If a county has entered Phase 2 the facility may begin implementing Phase 2 criteria after it has all met the following:
  - Facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks;
  - 28 days since last positive or suspected case (or as required by LHJ whichever is greater);
  - Adequate staffing levels are in place;
  - PPE to ensure at least a 14 day supply using the CDC's PPE burn rate calculator;
  - Performs and maintains an inventory of disinfection and cleaning supplies for residents and clients; and
  - LHJ assures that local hospitals have the capacity.

Entry Criteria (cont.)

- Facilities must meet the following criteria:
  - Facility/home is capable of cohorting residents with dedicated staff for suspected or positive cases OR is able to transfer cases to a COVID-19 positive facility, OR in the case of small homes there is a plan to manage both positive and negative cases.

Note: facilities/homes may use discretion to be more restrictive through internal policies and in conjunction with the LHJ, even if they have moved to this phase.

Phase 2: Visitation

- Visitation is limited to the following activities:
  - Compassionate care situations restricted to end-of-life and psycho-social needs; and
  - Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits).
    - Note: these limited and controlled visits may be included in the facility's temporary visitation policy and are not mandated, but rather at the discretion of the facility.
  - Compassionate care visitors are screened and additional precautions taken.

Phase 2: Visitation (cont.)

- Outdoor visits under controlled conditions with all precautions taken including face masks, appropriate hand hygiene, and social distancing
- If resident is unable to participate in outdoor visits or remote visitations using technology, they may have one Essential Support Person (ESP)who can visit up to one time daily:
  - Under limited and controlled conditions in consideration of social distancing and universal source control
  - ESP is screened upon entry and precautions taken (i.e., social distancing and hand hygiene)

Phase 2: Visitation (cont.)

- Essential Support Person (ESP):
  - Includes family members and other close outside caregivers who has been previously actively engaged with the resident or it committed to providing companionship and/or assistance with activities of daily living.
  - Facilities must:
    - Establish policies and procedures for how to designate and utilize and ESP;
    - Consult with resident about their wishes to determine and designate their ESP;
    - Ensure scheduling of ESP visits including the time limit for visits;
    - Ensure ESP wears and face mask and PPE, frequent hand washing and provide hand sanitizing stations or alcohol based hand rubs; and
    - Ensure there are no visits when a resident is testing positive or is symptomatic (unless visit is for compassionate care) or during a resident's 14-day quarantine.

Phase 2: Visitation (cont.)

- Window visits are allowed depending on the grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.
- Visitors must sign in and log kept for 30 days.
- All visitors must wear a cloth face covering or face mask
  - Facility must provide if needed.
- Facilities must have policies for remote visitation to allow access to friends, family, their spiritual community, and the Ombudsman.

Phase 2: Essential/Non-essential Personnel

- All essential personnel will are allowed to continue to enter building.
- Allow entry of a limited number of non-essential personnel as defined by the Governor's Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and face masks.
- Number of non-essential personnel per day is based on the facility or home's ability to manage infection control.

Phase 2: Essential/Non-essential Personnel (cont.)

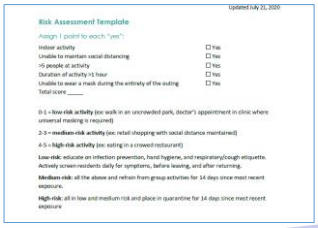
- Screen all personnel upon entry:
  - Face masks are required and PPE as determined by the task.
- Essential healthcare personnel, such as Nurse Delegators, will follow DOH guidance for nurse delegation.

Phase 2: Medically and Non-Medically Necessary Trips

- Telemedicine should be utilized whenever possible.
- Resident rights allow a resident to participate in community activities:
  - Consult respective Dear Administrator letters.
- Use the ***Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients After Community Visits.***
- Use the ***Letter to Families*** when residents are preparing for community activities.

Phase 2: Medically and Non-Medically Necessary Trips (cont.)

Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients After Community Visits



Updated July 22, 2020

Risk Assessment Template

Assign 1 point to each "yes":

Indoor activity	☐ Yes
Unable to maintain social distancing	☐ Yes
>5 people at activity	☐ Yes
Duration of activity >1 hour	☐ Yes
Unable to wear a mask during the entirety of the outing	☐ Yes

Total score ____

0-1 = **low-risk activity** (ex: walk in an uncrowded park, doctor's appointment in clinic where universal masking is required)

2-3 = **medium-risk activity** (ex: retail shopping with social distance maintained)

4-5 = **high-risk activity** (ex: eating in a crowded restaurant)

Low-risk: educate on infection prevention, hand hygiene, and respiratory/cough etiquette. Actively screen residents daily for symptoms, before leaving, and after returning.

Medium-risk: all the above and refrain from group activities for 14 days since most recent exposure.

High-risk: all in low and medium-risk and place in quarantine for 14 days since most recent exposure

Phase 2: Medically and Non-Medically Necessary Trips (cont.)

Letter to Residents/Clients, Families and Friends

Phase 2: Medically and Non-Medically Necessary Trips (cont.)

- Consult with LHJ on the need for 14 day quarantines.
- Residents must be observed at a minimum of 14 days.

Phase 2: Communal Dining

- Residents may eat in the same room with social distancing.
  - Limit the number at tables and space tables six feet apart.
- Staff and residents must wear masks, except when resident is eating or drinking
- Disinfect all tables and surfaces before and after meals.
- Appropriate hand hygiene is required for staff assisting residents and before and after meals

Phase 2: Screening

- Actively screen residents, staff, and essential healthcare personnel upon entering the building daily.
  - This excludes EMTs and law enforcement.
- Maintain a screening log for 30 days.

Phase 2: Universal Source Control & PPE

- All staff and healthcare personnel must wear a face mask.
- All staff and essential healthcare personnel must wear appropriate PPE (if available) in accordance with CDC.
- Follow DOH and LHJ guidelines for new admissions and readmissions from the hospital.

Phase 2: Cohorting and Dedicated Staff

- Identify and dedicate space and staff for cohorting and managing care for residents who are symptomatic or test positive.
- ALFs/ESFs must dedicate space and staff for residents who are symptomatic or test positive for COVID-19.
- AFH must follow guidance from LHJ for resident isolation and cohorting of roommates depending on the number of rooms and size of the home.
  - AFH may need to transfer residents.

Phase 2: Cohorting and Dedicated Staff (cont.)

- Plans must be in place to manage:
  - New admissions and readmissions with unknown COVID-19 status;
  - Residents who routinely attend outside medically-necessary appointments; and
  - Monitor staff who work with multiple residents and agencies.

Phase 2: Group Activities

- Modify activity restrictions and schedule to avoid high volume or congregate gatherings.
- ALF/ESF
  - Limit groups to no more than **10 people**, including staff.
- AFH:
  - Limit of **two people** in kitchen, family room, and dining areas.
- Create a policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, and locations.

Phase 2: Group Activities (cont.)

- Outdoor activities require universal masking, social distancing, and facility monitoring.
- Assist residents to engage in activities using technology and virtual means.
- AFH: encourage resident and roommates to wear masks and practice social distancing when engaging with group activities.

Phase 2: Testing is the Same as Phase 1

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria is the Same as Phase 2

- Facilities must meet all of the following criteria:
  - Facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined that minimal transmission is occurring in the community. minimal transmission is defined as 10-25 cases/100,000 population for two weeks;
  - 28 days since last positive or suspected resident or staff case or any timeline as required by LHJ, whichever is greater;
  - Adequate staffing levels are in place;
  - Facility maintains an inventory of PPE to ensure at least a 14-day supply using the CDC PPE burn rate calculator;
  - Facility maintains an inventory of disinfection and cleaning supplies for residents and clients; and
  - LHJ assures that local hospitals have the capacity.

Entry Criteria is the Same As Phase Two (cont.)

- Facilities/homes must meet the following criteria:
  - Facility/home is capable of cohorting residents with dedicated staff for suspected or positive cases; OR
  - Is able to transfer cases to a COVID-19 positive facility; OR
  - In the case of small homes, there is a plan to manage both positive and negative cases.

Note: facilities/homes may use discretion to be more restrictive through internal policies and in conjunction with the LHJ, even if they have moved to this phase.

Phase 3: Visitation

- All residents have the ability to have limited visitation.
- Facility/ home will have a policy in place to describe visitation schedules, hours and locations, and number of visitors and visits.
- Infection control practices in place.
- Facility/home may limit the number of visitors for each resident.
- Preference should be given to outdoor opportunities.
- Visitors must sign a log which much be kept for 30 days.
- After visits all areas must be disinfected.

Phase 3: Essential/Non-essential Healthcare Personnel

- All personnel are screened upon entry:
  - Must wear a face mask during the duration of the visit; and
  - Don appropriate PPE, take additional precautions including hand hygiene.
- Permitted within the allowable boundaries of Phase 3 of the Governor's Safe Start Plan.
- Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk.

Phase 3: Medically and Non-Medically Necessary Trips

- Permitted within the boundaries of Governor's Safe Start Plan, LHJ direction, and Dear Administrator/Provider Letter guidance.
- All parties must:
  - Practice maintaining 6 foot social distancing;
  - Use proper hand hygiene;
  - Wear face coverings when out of the facility and upon return; and
  - Cooperate with facility's entry screening policies.

Phase 3: Medically and Non-Medically Necessary Trips (cont.)

- Use the ***Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients After Community Visits***
- Use the ***Letter to Families*** when residents are preparing for community activities
- Consult with LHJ on the need for 14-day quarantines after resident returns from medical and non-medical visits.
- Residents must be observed a minimum of 14 days.

Phase 3: Communal Dining

- Permitted if 6 feet of social distancing can be maintained and staff/residents/visitors have access to hand hygiene and face covering when not eating/drinking and while traveling to and from the dining area.
- Separate resident in COVID-19 positive units (ALF) or with a diagnosis (AFH) from dining with COVID-19 negative residents.
- Separate residents with suspected COVID-19 from COVID-19 negative residents.

Phase 3: Screening

- Remains the same as other phases:
  - Screening 100% of residents, staff, and all others entering the facility.
  - Do not screen EMTs or law enforcement
- A log of all visitors must be kept for 30 days.

Phase 3: Universal Source Control & PPE

- Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, or CMS.
- All visitors must wear a face mask.
- Staff must wear appropriate PPE to the extent PPE is available and consistent with CDC, DOH, and LHJ guidance.

Phase 3: Cohorting & Dedicated Staff

- Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
- Plan must be in place to manage:
  - New admissions and readmissions with unknown COVID-19 status.
  - Residents who routinely attend outside medically-necessary appointments.

Phase 3: Group Activities

- ALF and ESF: limit groups to no more than **10 people**, including staff.
- AFH: limit to **two people**, including staff.
- Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, and locations.
- Outdoor activities require universal masking, social distancing, and facility monitoring.

Phase 3: Testing is the Same as Phase 1 and 2

- Testing will occur based on CDC, DOH, and LHJ guidance.
- Facilities must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 4

Entry Criteria is the Same as Phase 2 and 3

- Facilities must meet the following criteria:
  - Facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined that sporadic transmission is occurring in the community. Sporadic transmission is defined as less than 10 cases/100,000 population for two weeks;
  - 28 days since last positive or suspected resident or staff case or any timeline as required by LHJ, whichever is greater;
  - Adequate staffing levels are in place;
  - Facility maintains an inventory of PPE to ensure at least a 14-day supply using the CDC PPE burn rate calculator;
  - Facility maintains an inventory of disinfection and cleaning supplies for residents and clients; and
  - LHJ assures that local hospitals have the capacity.

Entry Criteria is the Same As Phase 2 and 3 (cont.)

- Facilities must meet the following criteria:
  - Facility/home is capable of cohorting residents with dedicated staff for suspected or positive cases OR is able to transfer cases to a COVID-19 positive facility, OR in the case of small homes there is a plan to manage both positive and negative cases

Note: facilities/homes may use discretion to be more restrictive through internal policies and in conjunction with the LHJ, even if they have moved to this phase.

Phase 4: Until the COVID Public Health Threat Has Ended

- Screen and observe 100% of staff, residents, and all others;
- Maintain a log of all visitors for 30 days;
- Use PPE according to recommendations by CDC, DOH, LHJs, and CMS;
- Universally mask; and
- Maintain access to COVID-19 testing for all residents and staff at an established laboratory.

Phase 4: Visitation

- Resume regular visitation.

Reimplementation of Certification and Investigation Activity


Aging and Long Term Support Administration
Residential Care Services
Reimplementation of Inspection and Investigation Activity

Reimplementation of Inspection and Investigation Activity for Residential Care Services

RCS Current and Future Practice

- In alignment with the Governor's Proclamations, RCS **limited** regulatory activity to Infection Prevention investigations, surveys, inspections, technical assistance, and investigation of complaints regarding imminent harm to clients.
- In alignment with the *Phased Long Term Care Reopening Recommendation and Requirements*, RCS will **reintroduce** routine inspection and investigation activities into the schedule utilizing the following process.

Reimplementation: July – September 2020

- RCS will continue:
  - To follow CDC, DOH, and LHJs guidelines to help slow the spread of COVID-19;
  - To investigate immediate jeopardy/imminent danger/abuse and neglect/actual harm allegations and infection control allegations;
  - COVID-19 infection control assessments and investigation as needed
  - Initial licensing inspections and certification surveys, preoccupancy surveys, state licensure surveys and recertification surveys; and

Reimplementation: July – September 2020 (cont.)

- RCS will:
  - Conduct backlogged: Day 2 and 10 complaints onsite and Day 20-and 45 complaints offsite;
  - Conduct backlogged revisits to determine compliance (harm and enforcement onsite, and non-harm offsite);
  - Resume investigation of all Day 2 and 10 complaint investigations onsite, and Day 20, 45, and 90 complaint investigations offsite;
  - Assist providers to obtain PPE; and
  - Work with local county jurisdictions in counties identified as "hot spots".

Reimplementation: October 2020 Forward

- RCS will:
  - Reset AFH/ALF/ESF inspection to 18.99 month interval and state fire marshal inspections in assisted living 12.99 month interval;
  - Resume onsite full unannounced inspections/follow-up visits for AFH/ALF/ESF including all state fire marshal follow-up visits in applicable; and
  - Resume onsite all unannounced Day 2, 10, 20, 45, and 90 day complaint investigations onsite, including state fire marshal complaint investigations.

Note: RCS staff upon entrance will wear appropriate PPE and have hand sanitizers. Upon exit staff will dispose of used PPE according to facility/agency/program policies.

Where to Turn for Updates

- **Visit the Department of Health website:** https://www.doh.wa.gov/Emergencies/Coronavirus
- **Visit the Department of Social and Health Services website:** https://www.dshs.wa.gov/altsa

Questions

Contact us at:

RCSPolicy@dshs.wa.gov

Note: do not use this mailbox for urgent or emergency situations.