



AMENDED DIRECTIVE AND ORDER REGARDING ASSISTED LIVING PROGRAM MATTERS

Pursuant to Executive Orders Nos. 20-06-10-01, 20-04-29-01, and Various Health Care Matters of March 16, 2020

No. MDH 2020-10-01-03

I, Robert R. Neall, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus (“SARS-CoV-2” or “2019-NCoV” or “COVID-19”), and for the protection of the health and safety of residents, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor’s Declaration of Catastrophic Health Emergency.

This Amended Directive and Order replaces and supersedes the Directive and Order Regarding Assisted Living Program Matters, dated July 24, and June 26.

1. General Items.

- A. **Definition and Compliance.** Facilities licensed under [Title 19, Subtitle 18 of the Health-General Article](#) and [COMAR 10.07.14](#) (“Assisted Living Programs”) shall immediately ensure that they are in full compliance with all applicable [U.S. Centers for Disease Control and Prevention \(CDC\)](#), and [the Maryland Department of Health \(MDH\)](#) guidance related to COVID-19.

Assisted living programs shall check CDC, and MDH guidance weekly to ensure that they are complying with the most current guidance and adjust their policies, procedures, and protocols accordingly.

- B. **Entrance control.** Facilities shall screen all persons who enter the facility (e.g., staff, volunteers, vendors, and visitors when permitted) for [signs and symptoms of COVID-19](#), including temperature checks. Facilities shall refuse entrance to anyone screening positive for symptoms of COVID-19.
- C. **Face coverings mandatory for staff and visitors.** All staff, volunteers, vendors, and visitors when permitted, shall wear the appropriate face covering (e.g., surgical mask, cloth face covering) at all times when they are inside the facility. All staff in close contact with residents of an assisted living program shall use appropriate [CDC Standard and Transmission-based Precautions](#) and follow [Maryland Department of Health \(MDH\) guidance](#).

- D. **Resident Face Coverings.** To the extent possible, residents should wear face coverings in the following circumstances:
- i. If they leave their rooms or when they are within close proximity (under six feet) of others inside the facility; and
 - ii. For any trips outside of a facility (e.g. such as for a medical appointment).

Note: Face coverings include surgical masks and cloth face coverings.

- E. **Resident Checks.** Facilities shall screen all residents daily, including observing for signs and symptoms of COVID-19; asking questions about signs and symptoms of COVID-19; and where appropriate, temperature and pulse oximetry checks.

- F. **PPE.** Facilities shall use good faith efforts to maintain adequate supplies of all appropriate types of personal protective equipment (PPE) for staff, and as appropriate, residents. Facilities may request PPE from the State by using the [PPE Request Form](#).

- G. **Cleaning.** Facilities shall provide access to soap and water or alcohol based sanitizer throughout the facility and remind residents, visitors, and staff to perform hand hygiene upon facility entry, between contact with individuals, and after contact with high-touch surfaces within the facility. Facilities shall ensure adequate cleaning and disinfection supplies are available and used to clean and disinfect common areas and high-touch surfaces.

- H. **Reporting.** All facilities shall provide informational updates on COVID-19 to residents, residents' representatives, and staff within 24 hours of the occurrence of a single confirmed infection of COVID-19, and/or whenever there are three or more residents or staff who have new-onset respiratory symptoms within a 72 hour-period.

- i. Updates to residents, residents' representatives, and staff must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified, and/or whenever three or more residents or staff with new-onset respiratory symptoms occur within 72 hours.
- ii. Facilities shall include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the assisted living program will be altered.
- iii. The above information must be reported to residents, residents' representatives, and staff in accordance with existing privacy statutes and regulations.

- iv. Facilities shall make reasonable efforts to ensure that residents or their residents' representatives are informed in the language most accessible to them so that they understand these COVID-19 updates.
- v. Each facility shall report to the local health department within 24 hours of the occurrence of a single confirmed infection of COVID-19, and/or whenever there are three or more residents or staff with new-onset respiratory symptoms that occur within 72 hours.

I. Residents with suspected or confirmed COVID-19.

- i. To the extent possible, a facility shall immediately
 - a. Isolate the resident in a single-person room, if one is available, using appropriate standard and transmission-based precautions;
 - b. Arrange for and provide assistance in the testing of the resident for COVID-19; and
 - c. Arrange for and provide assistance in obtaining appropriate medical attention for residents with suspected or confirmed COVID-19.
- ii. A confirmed COVID-19 infection in a resident is a significant change of condition under [COMAR 10.07.14.02\(74\)](#). Upon confirmation of a COVID-19 infection in the resident, the facility shall develop and implement a service plan under [COMAR 10.07.14.26](#).

2. COVID-19 Testing.

A. Facilities with Less Than 50 Beds.

- i. For all assisted living programs with less than 50 beds, upon identification of a resident or staff member with laboratory-confirmed COVID-19, the facility shall report the case to their local health department and test all residents and staff for COVID-19 by:
 - a. Using appropriate healthcare staff for the collection of specimens for COVID-19 testing of these staff and residents;
 - b. Making contractual and financial arrangements with a CLIA-approved laboratory; and
 - c. If needed, requesting testing and staff assistance from the local health department as capacity allows for test supplies and staffing resources in testing all residents and staff.

- ii. Testing shall be performed at weekly intervals until no new resident infections are confirmed in a 14-day period since the most recent positive result.
 - a. Individuals who test positive should be isolated in accordance with the CDC's guidance regarding [the duration of isolation and precautions for adults with COVID-19](#).
 - b. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.

Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this weekly testing requirement.

Note: For programs where staff, family of staff or additional non-facility tenants live onsite at the facility's physical building, the non-facility tenants and family of staff shall be tested as well.

- iii. The facility shall provide the details of their testing plan to the local health department and make it available to residents or residents' representatives.
- iv. Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

B. Facilities with 50 or more Beds.

- i. MDH strongly recommends that all staff, volunteers, and regular vendors who are in a facility with 50 or more beds, be tested on a weekly basis for COVID-19 using a reverse transcription polymerase chain reaction-type test (PCR Assay) or an approved rapid point of care (POC) COVID-19 diagnostic testing device. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.
- ii. All assisted living programs with 50 or more beds shall test all staff, volunteers, and vendors who are in the facility regularly, based on the local jurisdiction's positivity rate ([as identified by CMS](#)) in the past week.
 - a. Testing once a month where the local jurisdiction's positivity rate is below or equal to 5%;
 - b. Testing once a week where the local jurisdiction's positivity rate is 5%-10%; and

- c. Testing twice as week where the local jurisdiction's positivity rate is over 10%.
 - d. Individuals who test positive should be isolated in accordance with the CDC's guidance regarding [the duration of isolation and precautions for adults with COVID-19](#).
 - e. Individuals who have previously tested positive for COVID-19 within the timeframe established by [CDC](#) and whose positive test results have been documented are exempted.
 - f. Facilities should monitor their county positivity rate on the [CMS website](#) every other week (e.g., first and third Monday of every month) and adjust the frequency of performing staff testing appropriately.
- iii. Each facility shall be responsible for making appropriate contractual and financial arrangements for the testing of these staff, volunteers, and vendors with CLIA-approved laboratories.
 - iv. Each facility shall establish and maintain COVID-19 testing arrangements with laboratories for PCR Assay-based testing and provide their plans using both PCR Assay and POC systems for continued weekly testing of staff, volunteers, and vendors to MDH for review and approval on a monthly basis.
 - vi. Upon positive identification of a resident or staff member with COVID-19, all residents who have not previously tested positive for COVID-19 shall be tested using a PCR test. Testing of all negative residents must be repeated weekly until there are no confirmed positive results among residents and staff for at least 14 days since the most recent positive result.

Note: Admission or readmission of a resident already confirmed to have COVID-19 will not trigger this requirement.

- vii. As directed by MDH, a facility shall perform additional COVID-19 testing or permit COVID-19 testing to be administered to residents and staff by MDH, a local health department, or by designated MDH Response Team member(s).
- viii. The facility shall provide the details of their testing plan to the local health department and make it available to residents or residents' representatives.
- ix. Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

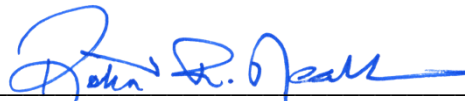
3. **Criteria for Re-Opening of Facilities to Residents and Visitors.**

- A. A facility may follow the Centers for Medicare & Medicaid Services (CMS) guidance on nursing home visitation regarding COVID-19 ([QSO-20-39-NH](#)) and any additional MDH guidance. Either MDH or a local health department may direct a facility to a more restrictive set of conditions at any point.
- B. A facility shall communicate regularly with staff, the local ombudsman, residents, and residents' representatives about the facility's reopening plans, and the implementation of the re-opening.

4. **Penalties.** Persons who violate this Order and Directive may face administrative and criminal sanctions.

5. **Severability.** If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 1ST DAY OF OCTOBER 2020 AND ARE EFFECTIVE IMMEDIATELY.



Robert R. Neall
Secretary