

PLAYBOOK FOR COVID-19

CDSS Community Care
Licensing Adult and Senior Care Facilities





An overview of the CDSS Community Care Licensing Division's (CCLD) Playbook

On March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency (“Proclamation”) for Californian response to a rising number of cases of COVID-19 in California.

The Proclamation permits the California Department of Social Services (CDSS) to address the needs of community care facilities including residential care facilities for the elderly (RCFEs) and Adult Residential Facilities (ARFs), within its jurisdiction, allowing for waivers of any provisions of the Health and Safety Code or Welfare and Institutions Code, accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of licensed facilities.

WHAT DOES THIS PLAYBOOK PROVIDE?

- ❖ Guidance on COVID-19 safety pre-cautions, set by CCLD based on information provided by the California Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC)
- ❖ Guidelines on extenuating circumstances for facilities

WHICH FACILITIES IS THIS PLAYBOOK GEARED TOWARDS?

- ❖ Residential Care Facilities for the Elderly (RCFEs)
- ❖ Adult Residential Facilities (ARFs)
- ❖ Other Adult and Senior Care Facilities

WHO SHOULD USE THIS PLAYBOOK?

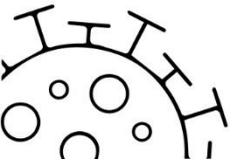
- ❖ Licensees
- ❖ Administrators
- ❖ Caregivers

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1

BACKGROUND ON COVID-19



COVID-19 SYMPTOMS



	COVID-19	INFLUENZA	UPPER RESPIRATORY	ALLERGIES
FEVER	COMMON	COMMON	RARE	
FATIGUE	COMMON	COMMON	SOMETIMES	SOMETIMES
DRY COUGH	COMMON	COMMON		SOMETIMES
DIFFICULTY	*SOMETIMES			SOMETIMES
ACHES & PAINS	SOMETIMES	COMMON		
SNEEZING		SOMETIMES	COMMON	COMMON
RUNNY NOSE	SOMETIMES	SOMETIMES		COMMON
STUFFY NOSE		SOMETIMES	COMMON	COMMON
WATERY EYES				COMMON
SORE THROAT	SOMETIMES	SOMETIMES	COMMON	
DIARRHEA	SOMETIMES	RARE		
LOSS OF SMELL /	SOMETIMES			

*Sometimes and can be severe: It should be noted that not all COVID-19 will have difficulty breathing and patients with COVID-19 can be asymptomatic or have mild symptoms, while being contagious to others. Some of the symptoms of flu and COVID-19 are similar, which makes it difficult to tell the difference between them. Consider recommending testing for both COVID-19 and flu to help confirm a diagnosis.



COVID-19 RISK GROUPS

PLEASE TAKE EXTRA PRECAUTION IF YOU OR THE PEOPLE YOU CARE FOR FALL INTO ONE OF THE HIGH-RISK GROUPS BELOW:



OLDER ADULTS

(aged 60 years or older)



PEOPLE OF ANY AGE, BUT HAVE SEVERE UNDERLYING HEALTH CONDITIONS

- ❖ Chronic lung disease or moderate to severe asthma
- ❖ Serious heart conditions
- ❖ Chronic kidney disease undergoing dialysis
- ❖ Immunocompromised
- ❖ Diabetes
- ❖ Liver disease
- ❖ Severe obesity (body mass index [BMI] or 43 or higher)

The immediate risk of becoming seriously ill from the virus causing COVID-19 is low for most people.

Recent CDC report notes that only 20% of those who have been hospitalized for the disease in the U.S. are younger adults (20-44)

HOW IS COVID-19 SPREAD?

Information suggests this virus is spreading more efficiently than influenza, which is highly contagious. As such, strict safety precautions are especially needed in Adult and Senior Care Facilities who are providing essential support and care to vulnerable populations.

MECHANISMS FOR TRANSMISSION



CONTACT

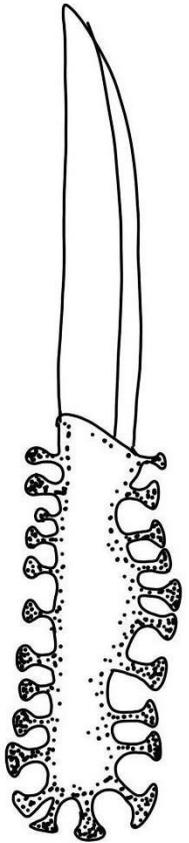
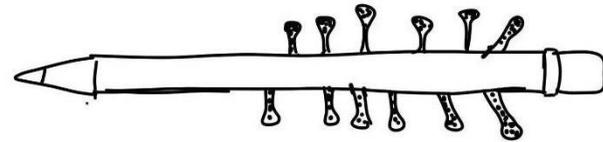
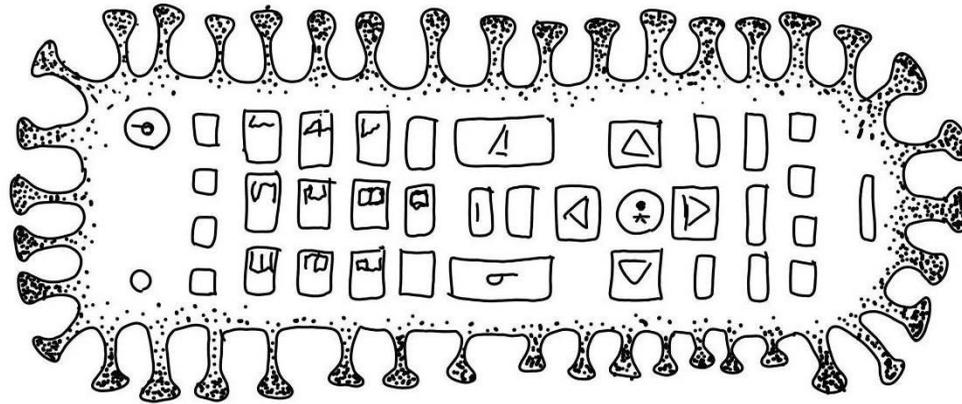
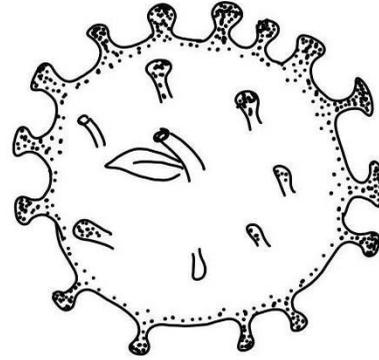
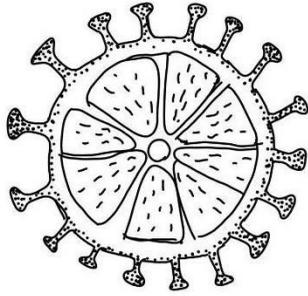
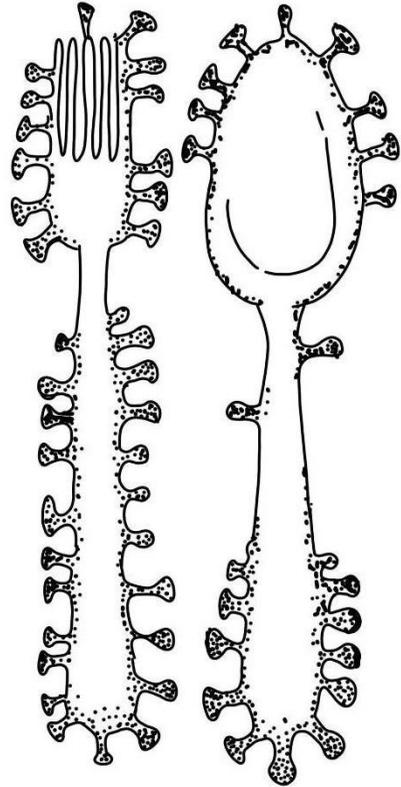
Touching a surface in the immediate environment that is contaminated with the virus, and then touching your nose, mouth, eyes.



RESPIRATORY

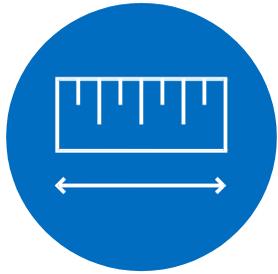
Respiratory droplets and aerosols produced when an infected person coughs, sneezes, or talks, which can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

2



ADULT AND SENIOR CARE FACILITY COVID-19 SANITATION

UNIVERSAL, STANDARD AND DROPLET SAFETY PRECAUTIONS



RESPONSIBLE PHYSICAL DISTANCING

- ❖ Everyone should wear a face covering (that covers the nose and mouth) when outside the home and within 6 feet of others who are not household members
- ❖ Encourage face coverings in communal areas when possible
- ❖ Stay at least 6 feet away from others as possible
- ❖ Remind everyone to not shake hands or hug each other, staff or persons in care



HAND HYGIENE

- ❖ All individuals immediately upon entry into the facility
- ❖ Perform hand hygiene before and after contact with residents
- ❖ If possible, set up handwashing and/or alcohol-based hand sanitizer stations inside entryways, with signage reminding people how to practice hand hygiene
- ❖ Wash hands for at least 20 seconds or use alcohol-based hand sanitizer



RESPIRATORY HYGIENE & COUGH ETIQUETTE

- ❖ Wear a face covering when around others
- ❖ When not masked, cover mouth and nose with a flexed elbow or tissue when coughing and sneezing
- ❖ Throw away used tissue immediately and wash hands / use alcohol-based hand sanitizer

CONTINUED



PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE) SAFELY

- ❖ Always wash hands before putting on a mask
- ❖ Put on / remove mask outside of a resident's room
- ❖ Throw away mask and wash hands after leaving a resident's room
- ❖ Use PPE when there is risk of bodily fluid contact or very close contact (such as feeding)

PERFORM ROUTINE DISINFECTING AND PRACTICE SAFE DISPOSAL

- ❖ Wear protective gloves to disinfect equipment and clean wastes
- ❖ Promptly clean up blood and bodily fluid spills
- ❖ Create systems for safe disposal of waste and sharp objects

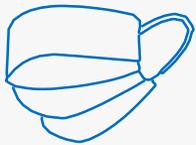
PPE

PERSONAL PROTECTIVE EQUIPMENT

Can be reused if
cleaned / stored
properly

Need to
dispose after
use

Can be
laundered and
re-used



N95 MASKS



**ISOLATION
GOWNS**



**CLOTH
GOWNS**



**EYE
PROTECTION**



GLOVES

**WHAT IF I DON'T HAVE ENOUGH
PPE?**

Contact your regional CCLD Office.

DISINFECTION

What does disinfection mean and what do I need to do?



WHAT DOES 'DISINFECTION' MEAN?

CLEANING removes dust, debris and dirt from a surface by scrubbing, washing and rinsing

SANITIZING reduces bacteria on surfaces and in laundry

DISINFECTING destroys or inactivates bacteria and viruses on hard, non-porous surfaces



WHAT SHOULD BE USED TO DISINFECT?

EPA-registered household disinfectants

- ❖ Should be labeled as 'EPA-registered'
- ❖ Check the CDC website for a list of approved EPA-registered household disinfectants
- ❖ Alcohol solutions with at least 70% alcohol



HOW TO MAKE BLEACH SOLUTION

5 tablespoons (1/3rd cup) bleach per gallon of water or

4 teaspoons bleach per quart of water

For community facilities where individuals stay overnight, please see: [CDC guidance link](#)

DISINFECTION

What does disinfection mean and what do I need to do?

WHAT NEEDS TO BE DISINFECTED AND HOW OFTEN?

All frequently touched objects and surfaces, at least once every shift and when soiled:



Door- knobs
and handles



Hand and
bed railings



Remote
controls



Faucets



Toilets



Telephones



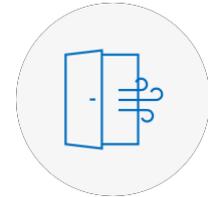
Computer
equipment



Kitchen food
preparation
surfaces



Playing cards



ANY ROOMS

After any visitors
from outside the
facility meets with
a person in care

DISINFECTION

What does disinfection mean and what do I need to do?

STEPS TO FOLLOW



1
PUT ON DISPOSABLE GLOVES AND MAKE SURE YOU HAVE GOOD VENTILATION



2
IF SURFACE IS DIRTY, FIRST CLEAN WITH SOAP AND WATER



3
WIPE WITH EPA DISINFECTANT

- ❖ Follow the instructions on the label of product on how to use safely and correctly
- ❖ Check it is not past its expiration date
- ❖ Keep surface wet with the disinfectant product for several minutes to ensure germs are killed



4
THROW AWAY GLOVES AFTER YOU FINISH CLEANING

- ❖ If you are using reusable gloves, make sure those are dedicated for cleaning and disinfecting surfaces for COVID-19 – it should not be used for other purposes!

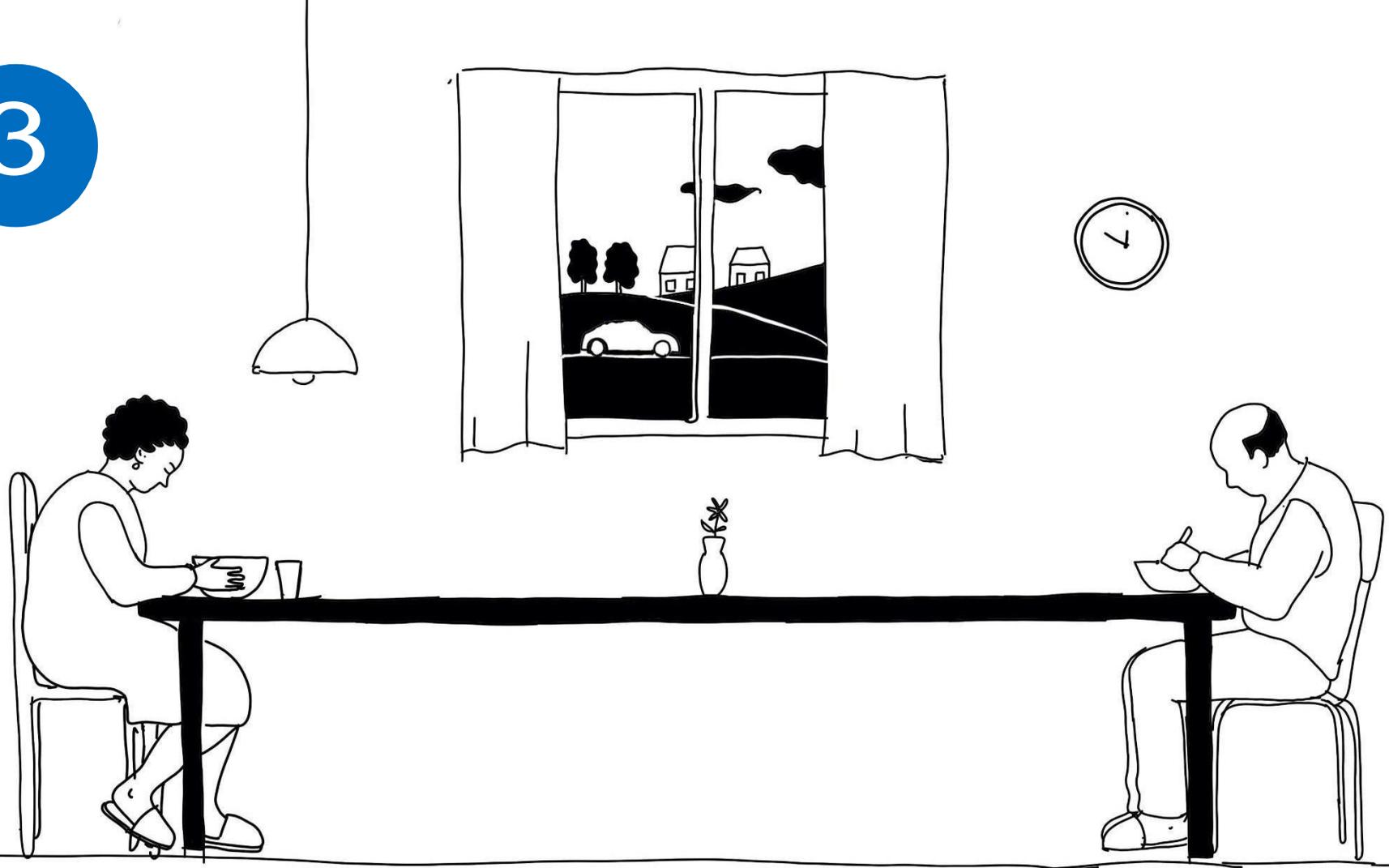


5
WASH HANDS WITH SOAP AND WATER IMMEDIATELY AFTER GLOVES ARE REMOVED

For soft (porous) surfaces such as carpeted floors, rugs, drapes, blankets, clothing: Remove visible contamination (if present)

Sanitize by putting into laundry, using water hot enough to sanitize (160 degrees, or 135 with bleach) appropriate water setting and drying completely, or using EPA approved products that can be used for porous surfaces.

3



**ADULT AND SENIOR CARE
FACILITY PHYSICAL DISTANCING**

VISITATION

Essential, Virtual, and Outdoor Visits	Indoor Visits
<p style="text-align: center;">Facilities must allow:</p> <ul style="list-style-type: none"> ✓ essential visits, ✓ virtual visits (i.e. video calls), and ✓ scheduled outdoor visits at all times. <p>ESSENTIAL VISITS INCLUDE:</p> <ul style="list-style-type: none"> ❖ medically or legally necessary visits; ❖ visits from social workers; ❖ government health and social services agency visits; ❖ visits by service contractors necessary to maintain facility operations; ❖ or visits mandated by court order or federal law, such as visits by Adult Protective Services or the Long-Term Care Ombudsman. 	<p style="text-align: center;">Facilities may also allow for scheduled indoor visits as long as the facility is not experiencing:</p> <ul style="list-style-type: none"> ✓ new transmission of COVID-19 for 14 days; ✓ staff shortages; or ✓ shortages of Personal Protective Equipment and essential cleaning supplies. <p>BEST PRACTICES</p> <ul style="list-style-type: none"> ❖ As a best practice it is recommended that licensees have a dedicated visitation area that allows for at least six feet of physical distance between residents and visitors. Licensees should also require the use of face coverings and clean and disinfect visitation areas after each use. See additional best practices below.

VISITOR POLICIES

BEST PRACTICES FOR ALL VISITATIONS INCLUDE:

- ❖ Daily symptom screenings and temperature checks of residents, staff, and visitors, including using a no-touch thermometer to check for fever and asking about COVID-19 symptoms and possible exposures
- ❖ Following physical distancing guidelines
- ❖ Required the use of face coverings (i.e. facemasks or cloth face coverings)
- ❖ Employing enhanced cleaning and disinfecting protocols
- ❖ Designated one area to enter the facility and a different area to exit the facility
- ❖ Limit the number of visitors at any one time to avoid having large groups congregate
- ❖ Make available and encourage use of handwashing stations or hand sanitizer upon entry and while in the facility
- ❖ Record name and contact information for individuals entering the facility for possible contact tracing

How to implement visitor policies?



NOTIFY all residents, family members, and their loved ones about the visiting policy (suggestions below)

Send letter to family members and support systems with details on visitor policy and timing

Give a phone line with a voice recording updated at set times (e.g. daily) with the facility's general status (e.g., when it is safe to resume visits)



POST signs to remind visitors to check whether they are at risk for having COVID-19

Note: CCLD prepared sample signage and a visitor poster template that you were previously offered. You may contact the CCLD Regional Office if you did not receive them or would like more.



HELP set up processes for residents and their families / support systems to communicate with each other and keep up to date through remote means

Assign staff member as a primary contact to families for inbound calls and conduct regular outbound calls

Help residents use video chat, telephone, text, social media, etc.



SET SPECIFIC HOURS AND LIMIT ENTRANCES TO CLOSELY MONITOR WHO COMES INTO THE FACILITY

Limit visitors to daytime hours (e.g. 9:00 a.m. to 7:00 p.m.). Consider having one central entry and exit location

Enforce the sign-in policy for visitors to check-in with staff before entering facility and screen for COVID-19

ACTIVITIES

Activities are an important part of maintaining a person's physical and mental health. Activities should be encouraged and modified to help prevent the transmission of COVID-19 in the facility as specified below.

EXAMPLES OF MODIFIED ACTIVITIES

- ❖ Allow for persons in care to socialize in common areas with social distancing
- ❖ Book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures, such as face coverings
- ❖ Encourage use of technology to video chat family members, friends, or other persons in care
- ❖ Disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care
- ❖ Have staff visit persons in care from the hallway with a traveling ice cream sundae or happy hour cart
- ❖ Set up a space outdoors for socially distanced games, crafts, or group exercise
- ❖ Set up games that can be played by phone or the PA system, or from hallways, such as bingo
- ❖ Set up video streaming from the in-house TV station for persons in care to enjoy daily exercise classes, concerts, movies, lectures, and religious ceremonies
- ❖ Start a pen pal program

COMMUNITY ACTIVITIES

Which types of activities are encouraged vs. restricted?

TYPES OF ACTIVITIES THAT SHOULD BE RESTRICTED



ACTIVITIES WITH POTENTIAL FOR EXPOSURE SUCH AS

- ❖ Group activities outside the facility that typically have large gatherings (See CDPH guidance about gatherings for more information)
- ❖ Group activities that would crowd the common spaces inside the facility



GROUP ACTIVITIES WITHIN FACILITIES IF

- ❖ The facility has persons in care with respiratory symptoms (and should be in isolation per CDC guidance)
- ❖ COVID-19 is prevalent or spreading in the surrounding community

COMMUNAL DINING IS ALLOWED UNDER CERTAIN REQUIREMENTS

REQUIREMENTS:

- ❖ Tables set up so Diners can remain at least 6 feet apart
- ❖ Create dining shifts to reduce the number of persons dining at any one time
- ❖ Wear face coverings before and after dining

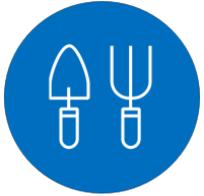


Residents in isolation or quarantine may not participate in communal dining until cleared.

TYPES OF ACTIVITIES THAT ARE ENCOURAGED

Just because you have to practice social distancing doesn't mean you can't have fun!

Some activities include:



Gardening



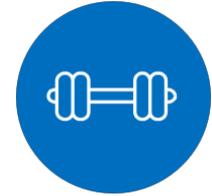
Community walks



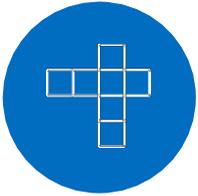
Aromatherapy



Photography



Get Fit Program



Crossword puzzles and games



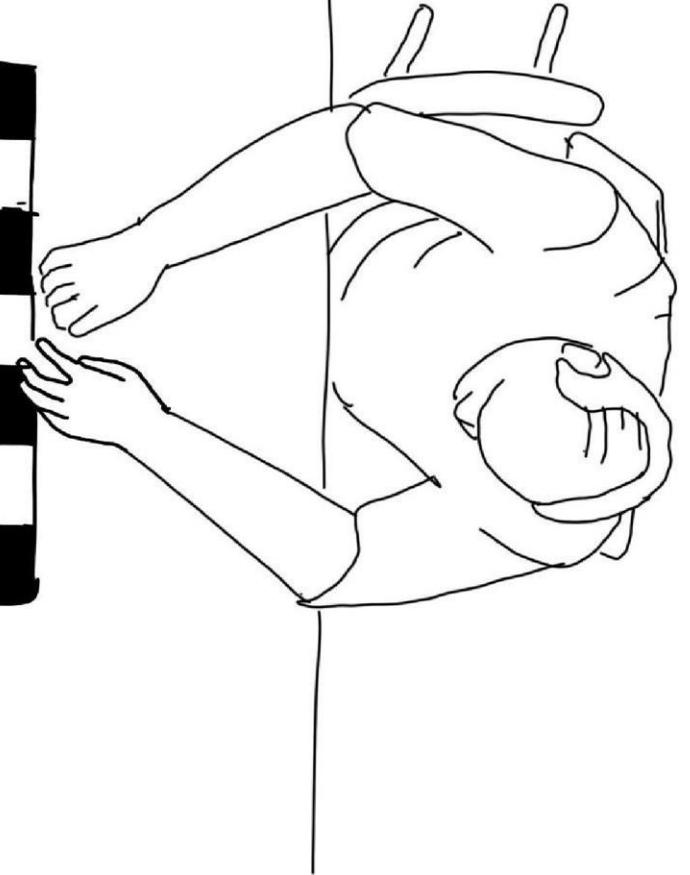
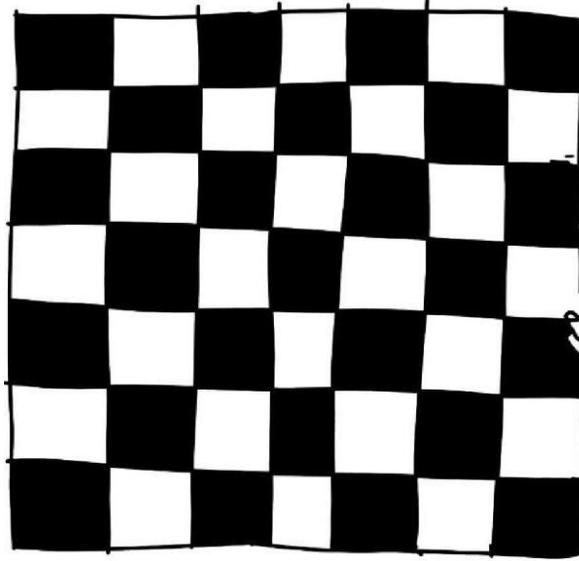
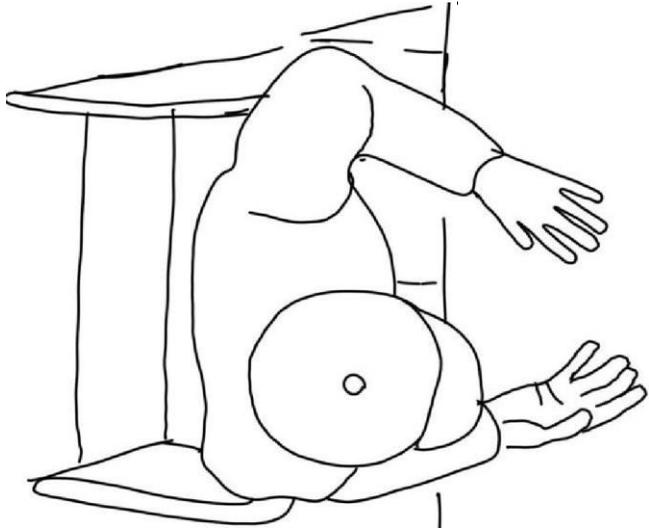
Outdoor games such as volleyball, bean bag toss, ping pong



Spontaneous events (e.g., ice cream sundae parties) as long as social distancing is maintained

Give residents choice over recommended and encouraged activities.

4



RESIDENTS AND COVID-19

RESIDENTS

What is the difference between quarantine and isolation?

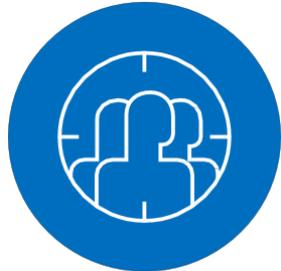
	QUARANTINE	ISOLATION
WHEN IT IS REQUIRED	When someone has been exposed to the virus, does not currently have any symptoms, but could become symptomatic or test positive during the quarantine period.	When someone displays COVID-19 symptoms and/or positives
ACTIONS NEEDED	<p>Separate resident from others for 14 days</p> <p>Watch for fever, cough, shortness of breath, or other COVID-19 symptoms</p> <p>If a person becomes symptomatic, contact their healthcare provider immediately.</p> <p>Check with the local Health Department about testing for exposure.</p> <p>For residents with memory impairment or cognitive issues:</p> <ul style="list-style-type: none"> ❖ Be direct and concrete when explaining why they are being quarantined ❖ Emphasize and repeat, especially for residents with cognitive issues. ❖ Try to understand reasons for not wearing a mask. 	<p>Check on residents with symptoms frequently – every 4 hours.</p> <p>Separate resident with symptoms from others who are not infected until:</p> <p>Resident no longer has fever for at least 24 hours without the use of fever-reducing medications, and:</p> <p>Resident shows improvement in respiratory symptoms, and</p> <p>At least 10 days have passed since symptoms first appeared, or from the date of the positive test, if the resident never developed any symptoms.</p> <p>If a resident has a positive COVID-19 test and remains without symptoms: Separate resident from others in his/her own room for at least 10 days from the time the positive COVID-19 test was obtained.</p>

What is cohorting?



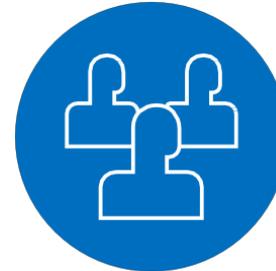
WHAT IS COHORTING?

Cohorting means moving residents to separate areas of the facility near others who have similar needs, such as residents who have tested positive, or residents who have COVID-19 symptoms, or residents who have been exposed to a COVID-19 positive person



WHY COHORT?

Cohorting reduces risk of transmission and spreading COVID-19 and protects non-infected people from catching the virus from exposed individuals



WHAT COHORT SHOULD BE FORMED?

(Suggested below)

- ❖ **Cohort 1:** Residents who tested positive for COVID-19
- ❖ **Cohort 2:** Residents who are not sick, but have been exposed to someone who is sick
- ❖ **Cohort 3:** Residents who are not sick, do not have symptoms, and have not been exposed

What if a resident has a possible case of COVID-19 or shows or symptoms of a respiratory virus?

CHECKLIST

- Isolate the resident** in a single-person room with its own bathroom
- Post a sign on their door** to indicate to others of isolation and possible COVID-19 exposure
- Keep door entrance closed** as much as possible
- Notify their health provider immediately** for an evaluation and for guidance
- Notify the local health department** for guidelines and directions
- Notify your CCLD Regional Office**
- Notify the resident's authorized representative**, if any
- Implement standard contact and respiratory droplet precautions** (e.g., staff using appropriate PPE: N95 respirator, eye protection, gown, and gloves)
- Monitor resident closely, checking every 4 hours while resident awake (while wearing PPE when entering the room). Check temperature and other symptoms. Notify your CCL Regional Office if worsening/change in condition.
- Advise visitors or others who may have had contact with infected resident to **inform staff if they develop any signs or symptoms of COVID-19** within 14 days.

What if there was possible COVID-19 exposure at the facility by a person who is no longer at the facility?

CHECKLIST

- Immediately contact healthcare provider of the exposed** (or potentially exposed) resident for directions and guidelines
- Monitor other persons in care and staff** for fever or respiratory symptoms
- Implement standard contact and respiratory droplet precautions** (e.g., staff using appropriate PPE)
- Contact your local health department for guidelines**
- Advise visitors to inform facility staff if they develop any signs or symptoms of COVID-19** within 14 days of visiting
- Quarantine exposed (or potentially exposed)** persons from other residents and limit their physical contact as much as possible

What to do if a resident tests positive for COVID-19?

CHECKLIST

- ❑ **Immediately contact healthcare provider of the exposed (or potentially exposed) resident for directions**
- ❑ **Immediately contact your local CCLD Adult and Senior Care Regional Office**
- ❑ **Immediately notify the person's in care authorized representative**
- ❑ **Implement Universal, Standard and Droplet Safety Precautions (slides 9 & 10)** (e.g., staff using appropriate PPE)
- ❑ **Serve meals to all persons in care in their rooms** rather than congregate dining rooms
- ❑ **Cancel all group activities** including those off the premises of the facility
- ❑ **Limit visitors** to only medically necessary visits, to public health officials, or visitors in end-of-life situations
- ❑ **Immediately notify the families of all persons in care**
 - ❖ Do not provide any personally identifiable information or protected health information about the person(s) who tested positive. If resident is no longer at the facility, continue to proceed to notify all families of persons in care
- ❑ **Keep the resident isolated**, either at your facility or in a healthcare facility as determined by medical professionals until they are determined to be no longer infectious
 - ❖ If their health care provider or local health department directs them to quarantine or isolate outside the facility (i.e. home, hospital, etc.) they should obtain medical clearance before returning to the facility.

What are standard contact and respiratory droplet precautions?



Use personal protective equipment (PPE) appropriately, including gloves and gown

Wear gown, gloves, N95 respirator, and eye protection for all interactions with a resident

Put on PPE when entering room and properly discard before exiting the resident's room to contain spread of virus



Use disposable or dedicated care equipment (e.g., walkers)

If need to use common equipment used for multiple residents, clean and disinfect such equipment before using on another person



Move resident outside of room only when it is medically needed

When moving is necessary, put a mask on the resident

Remove and throw away contaminated PPE and perform hand hygiene prior to transporting patients

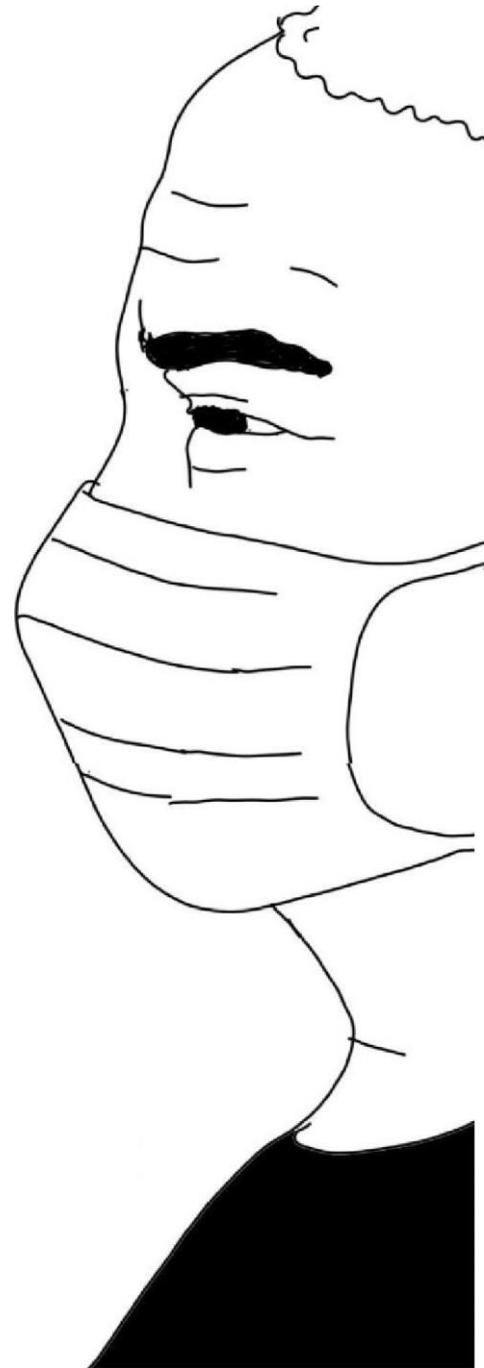
Put on clean PPE to handle the patient



Prioritize cleaning and disinfecting rooms of the resident focusing on frequently touched surfaces and equipment in the immediate vicinity of the resident

5

STAFF AND COVID-19





STAFF

WHAT TO DO IF A STAFF MEMBER SHOWS SYMPTOMS?

BEFORE COMING INTO WORK

Staff members should not come into the facility if they have COVID-19 symptoms including fever, cough, or shortness of breath – ensure sick leave policies allow staff to stay home.

AT THE FACILITY

Staff members should be monitored for COVID-19 symptoms before starting their shift as well as during their shifts.

Any staff members who show symptoms should put on a mask immediately, return home to self-isolate for at least 14 days, and contact their healthcare provider.

Staff should be implementing universal source control with a facemask or face covering while in the facility

RETURNING TO WORK

Staff members returning to work should follow the CDC and/or local health department guidelines and perform frequent hand hygiene.



WHAT TO DO IF A STAFF MEMBER TESTS POSITIVE FOR COVID-19?

1

IMMEDIATELY NOTIFY THE FAMILIES OF ALL PERSONS IN CARE

Do not provide any personally identifiable information or protected health information about the person(s) who tested positive

2

OBTAIN MEDICAL CLEARANCE BEFORE RETURNING TO THE FACILITY

If their health care provider or local health department directs them to isolate outside the facility (i.e. home, hospital, etc.)

WHAT IF THE STAFF PERSON IS NO LONGER AT THE FACILITY?

You must still immediately notify all families of persons in care, but do not provide any personally identifiable information or protected health information about the person(s) who tested positive.

FOR STAFF WHO MUST ISOLATE

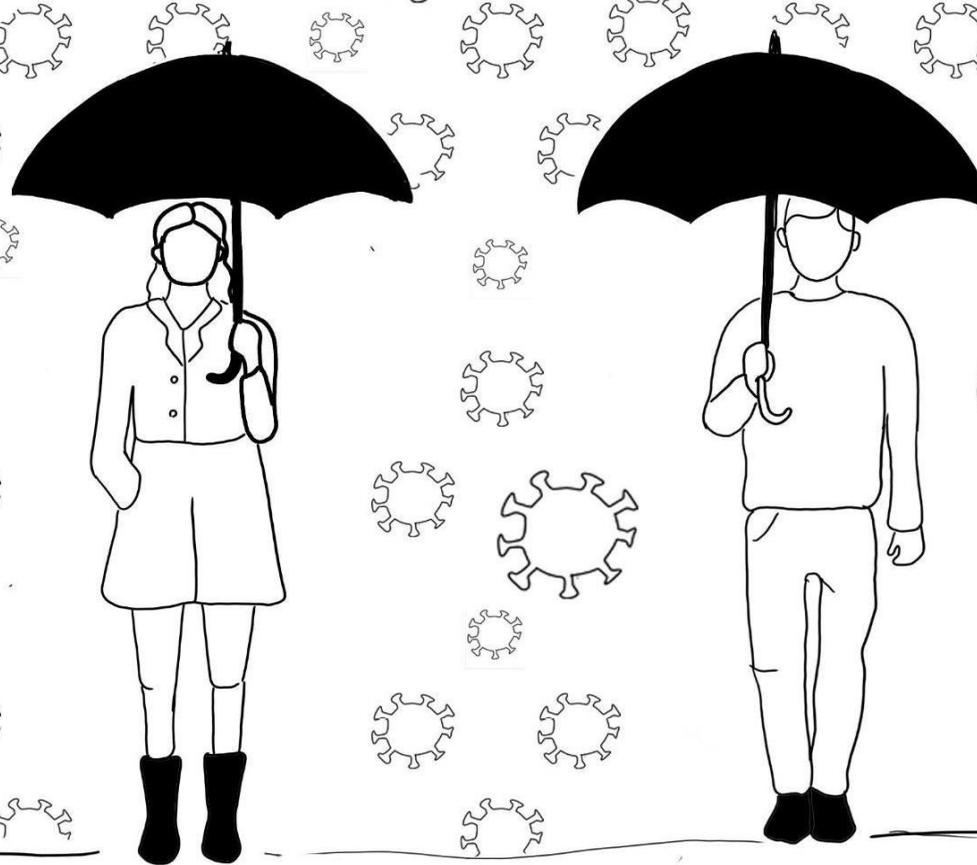
They should isolate at home (not work at the facility) for 14 days. However, if a licensee has a critical shortage of essential workers, staff who have no symptoms may work at the facility during this time if they wear a mask and self-monitor for fever and symptoms every 12 hours including while at work

FOR STAFF THAT MUST ISOLATE

They must isolate at home until:

- ❖ At least 24 hours without a fever and without the use of fever reducing medications.
- ❖ Improvement in respiratory symptoms at least 10 days have passed since symptoms appeared.

6



EXTENUATING CIRCUMSTANCES

COMPLIANCE

What to do if by following the COVID-19 precautions and guidance, it puts the facility out of compliance with other licensing requirements?

CCLD has issued a number of statewide waivers to help manage if this should happen. These statewide waivers cover a variety of topics that allows the department to waive certain licensing requirements.

You must carefully review each statewide waiver you plan to use to ensure that you understand its terms and conditions. You must notify your Regional Office as soon as possible in writing when you implement one of these waivers and you must post the waiver in a public location at your facility. [Click here](#) for full details.

The types of statewide waivers issued includes the topics of:

- ❖ Personal Rights, Visitation
- ❖ Buildings and Grounds/Capacity
- ❖ Staffing Ratios
- ❖ Personnel Requirements
- ❖ Administrator Certification Program
- ❖ Medical Assessments
- ❖ Information Required from Physician

If your situation is not covered under one of the statewide waivers, **please contact your CCLD Regional office for direct assistance.**

FINANCIAL HELP

Are there additional ways I can seek help if I am having financial difficulties?



YES, the following resources are available to assist licensees that have experienced economic impacts due

California Coronavirus (COVID-19) Response

Provides information on:

- ❖ Financial assistance related to mortgages and other relief from financial institutions (Get Financial Help)
- ❖ Tax relief for small businesses, small business loans, etc. (Businesses and Employers).
- ❖ For licensees renting or leasing the building in which their facility or organization is located, **additional relief and protections may be available pursuant to the Governor's Executive Order N-28-20**

The federal government and California have instituted programs to provide lending assistance to small businesses that may be of substantial benefit to licensees during the COVID-19 emergency. Info and resources can be found at:

- ❖ **Federal assistance through the CARES Act expands the Small Business Administration (SBA) 7(a) loan program known as the "Paycheck Protection Program" (PPP)**
- ❖ **SBA's Economic Injury Disaster Loan Program for COVID- 19 (EIDL) SBA Disaster Loan Assistance**
- ❖ **California's Office of Business and Economic Development Financial and Technical Assistance for Small Business (COVID-19)**

BUYING FACILITY SUPPLIES

How to buy facility supplies when so many stores have purchasing limits?

BEFORE GOING INTO THE STORE

Check the store's website for information regarding store policy for bulk purchasing, including documentation and verification needed, etc.

Call ahead: Contact customer service for the store and explain that you are a licensed facility in need of placing a bulk order for supplies for your clients. Verify whether they have a policy in place to allow this and confirm what you will need to do to make your bulk purchase.

AT THE STORE

At the store: Look for signs or notices at the store entrances or prominent locations that provide the store's procedures for obtaining bulk orders.

Bring a copy of your facility license to the store as verification for your unique need (e.g. you can take a picture of your facility license as an option). You can inform them that they can also verify your license at our website.

OTHER OPTIONS

- ❖ **Online ordering & delivery options:** If visiting a store in person is not a viable option, many retailers also offer delivery and online ordering through their website or third parties.
- ❖ **Alternative suppliers:** Reach out to local farms, restaurants, bakeries and other businesses who may be offering supplies during this time. Some restaurant chains like Panera and Subway have converted to operate as grocery stores to stay in business and support communities.

ASSISTANCE FROM CCLD

Assistance from CCLD Can I still seek assistance from CCLD – on non-COVID-19 related issues?



YES.

You should continue to contact your local Regional Office whenever you have questions or need guidance about other licensing or regulatory matters.

- ❖ If you have questions about COVID-19, please use the CCLD's dedicated email address: CCLCOVID-19INFO@dss.ca.gov and please include your facility type in the email subject line. If you would like a phone call response, please include your phone number in the email.

ONLINE POSTING OF FACILITIES WITH COVID-19 POSITIVE CASES

How do I know if RCFEs or ARFs in my community have COVID-19 cases?



All licensees are required to report positive COVID-19



- ❖ You can see the number of positive COVID-19 cases in RCFEs and ARFs through a highlighted link titled “COVID-19 Positive Cases in Adult and Senior Care Facilities” under the “Additional Resources” tab on the CCLD homepage
- ❖ To protect the privacy of residents and staff, specific case numbers under 11 are not listed, although the facility will still appear on the list