

Provider Information Notice (PIN) 20-23-ASC

Frequently Asked Questions (FAQs)

TESTING IN RESIDENTIAL FACILITIES

1. Is a doctor's order/prescription required for a COVID-19 test?

The California Department of Public Health (CDPH) has indicated that a doctor's order/prescription is not a requirement for a COVID-19 test, but that each testing site will have their own pre-screening process to determine if COVID-19 testing is appropriate. As a result, some testing sites may require a doctor's recommendation/order. The licensee should visit [covid19.ca.gov/testing-and-treatment](https://www.covid19.ca.gov/testing-and-treatment) to access testing and for information on the testing process. Where necessary, the licensee should work with their local health department and the resident's primary care provider to access testing.

VISITATION

1. Does a facility have to allow visitation?

Visitation as well as other activities are important for a person's physical and mental health. Residents have a personal right to have visitors. Visitation should be restricted only in accordance with the statewide visitation waiver set forth in PIN 20-38-ASC, and no longer than is necessary to protect the person from contracting COVID-19. PIN 20-38-ASC provides guidance regarding when visitation can resume.

2. Are facilities allowed to require visitors to schedule visits?

It is recommended as best practice for facilities to have a policy in place to have visitors schedule their visit.

3. What kind of physical barrier or partition is recommended to separate staff who are screening visitors?

The facility can choose which barrier or partition works best for the layout of their facility. A common barrier used is plexiglass.

4. Do residents and staff who have sheltered in place since the beginning of the COVID-19 State of Emergency still have to practice physical distancing?

Out of an abundance of caution, staff and residents should continue to practice physically distancing to help reduce the spread of COVID-19 in their facility. When providing direct care to a resident and physical distancing is not possible, staff should be wearing the appropriate personal protective equipment as necessary which can include gloves and a facemask.

5. Is a facility required to have a separate entrance and exit?

No. A separate entrance/exit strategy is a best practice to promote physical

distancing for people that are trying to enter and exit the facility at the same time. For example, if facility has 2 doors at entrance, the licensee can designate (with signage) one as entrance only and one as exit only. Likewise, a smaller 6-bed facility may designate the front door as the entrance and an attached garage as the exit. This will vary by facility layout.

USE OF FACE COVERINGS

1. Are staff required to wear face coverings while present at the facility?

Yes, staff are required to wear face coverings, unless they meet one of the exceptions specified in [Guidance for the Use of Face Coverings](#) provided by the California Department of Public Health. If a staff member is exempt from wearing a face covering, but their job involves regular contact with others, they are required to wear a non-restrictive alternative (e.g., face shield with drape on bottom edge).

2. Are residents required to wear face coverings?

The facility is a person's home. While residents are not required to wear a face covering at all times, they should wear one when they are in communal areas, where maintaining 6-feet of physical distancing is not possible.

3. Do residents in small facilities (i.e., 6 beds or less), who have not left the facility since the State of Emergency began, have to wear face coverings?

Out of an abundance of caution, residents should wear face coverings while they are in any facility common area.

4. If a resident cannot wear a face covering, can they still have in-person visitation?

Yes, they can still have in-person visitation. All necessary precautions should be taken, which may include utilizing a non-restrictive alternative to a face covering, such as a face shield with a drape on the bottom edge, extending the physical distancing space (i.e., more than 6 feet) between resident and visitor, etc.

COMMUNAL DINING AND ACTIVITIES

1. Is a facility restricted to a specified number of residents (i.e., no more than 10) dining together at any one time?

No. When determining how many residents can dine at any one time, the licensee should take into consideration the size and layout of the facility dining room. Maximum occupancy should be adjusted to ensure that there is adequate space to allow for 6 feet of physical distancing between residents and/or use impermeable barriers between tables. As an added measure of safety, resident meals should be plated and not served buffet style.

2. Can a facility resume communal dining if a resident is positive for COVID-19?

While communal dining may begin in a facility that has a positive case of COVID-19, the facility should follow the guidance related to communal dining in PIN 20-23-ASC

and PIN 20-38-ASC. A resident that has tested positive should not participate in communal dining until they have received a negative test result, have been cleared by the local health department or meet the conditions related to isolation time period and/or improvement in symptoms as specified in PIN 20-38-ASC.

3. Is a facility required to use disposable plates, napkins and silverware?

No, use of disposable food service items is a best practice. Use of non-disposable food service items is acceptable if proper cleaning/sanitizing practices are in place (i.e., handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.)

4. Am I required to provide activities to residents?

Yes, pursuant to regulatory requirements (California Code of Regulations, Title 22, sections [81079](#), [82079](#) [85079](#) and [87219](#)) licensees are required to make activities available to residents. All activities should be modified to help prevent the transmission of COVID-19 and can be modified or limited in accordance with the statewide Buildings and Grounds/Capacity waiver set forth in PIN 20-37-ASC. Ideas for modified group activities include book clubs, crafts, movies, bingo, etc. All group activities should include 6-feet physical distancing and other infection control measures. If a resident is in isolation or quarantine, they should be provided activities in their room, which could include delivering art supplies, crossword puzzles, or other activities. [PIN 20-23-ASC](#) and the [Social vs. Physical Isolation PowerPoint presentation](#) provide additional examples of modified activities.