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September 28, 2020

PIN 20-32-ASC

TO: ALL ADULT AND SENIOR CARE FACILITY LICENSEES

FROM: ***Original signed by Pamela Dickfoss***
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **UPDATE TO FACILITY COVID-19 STATUS SURVEY SENT VIA
EVERBRIDGE**

Provider Information Notice (PIN) Summary

PIN 20-32-ASC provides an update to information provided in [PIN 20-22-ASC](#), dated June 25, 2020, on an important licensee COVID-19 status survey disseminated via the Everbridge Mass Notification System.

CCLD has replaced the *Licensee Assistance Survey* that you have been receiving since June with the new *Weekly Licensee Survey*. This new survey now focuses on resident/client and staff COVID-19 testing in your facility to ensure our efforts to track and project the COVID-19 pandemic data and assist in protecting individuals in your care continue. Beginning on Monday, September 28, the weekly survey will include updated questions.

It is important to remember that in addition to the survey, CCLD continues to require that you notify your Regional Office about any new COVID-19 positive cases among staff and residents as confirmed by a laboratory as well as urgent staffing and Personal Protective Equipment needs.

Starting the Weekly Licensee Survey

You will first be asked to select the county in which your facility is located. When the county is selected, a lookup field based on the county you select will appear, and facilities are identified by name. The information listed below will be prefilled once you select a facility.

- Facility Address
- Facility City
- Regional Office
- Reported Date

Responding to Weekly Licensee Survey Questions

Once you identify your facility, you will be asked to respond to specific questions about your facility, resident or client testing, and staff testing.

Facility Information (4 questions)

1. **CURRENT CENSUS:** Total number of beds that are currently occupied.
 - Please give a **number**.
2. Does the facility serve residents or clients who receive **Supplemental Security Income (SSI)**?
 - Please answer **yes or no**.
3. Does the facility provide **memory care**?
 - Please answer **yes or no**.
4. Does the facility serve individuals with severe mental health disorders?
 - Please answer **yes or no**.

Resident or Client Testing (2 questions)

1. Have you developed a **testing plan** for residents or clients that meets CCLD guidance?
 - Please answer **yes or no**.

Note: If you answer "**no**" to this question, you will also be asked "**If no, why?**"

- Please pick **all** that apply to your facility:
 - Unable to access regular testing.
 - No relationship with a commercial lab.
 - Unable to obtain physician's orders for testing.
 - Other. (You can explain in the **text box** that appears)

If you answer **yes** to this question, you will also be asked the question "**Does your plan include the tracking of resident or client COVID-19 testing?**"

- Please answer **yes or no**.

2. In the last 7 days, were any residents or clients tested for COVID-19?

- Please answer **yes or no**.

Note: If you answer "**yes**" to this question, you will also be asked "**If yes, why?**"

- Please check **all of the reasons** that apply to your facility:
 - Symptoms of COVID-19.
 - Exposed to positive individuals.
 - Pro-active surveillance testing.
 - New resident or client.
 - Resident or client returning from COVID-19 hospitalization or alternate care site.

In addition, you will be asked "**How many have been tested in the last 7 days?**"

Please give a **number** of residents tested,

If you answer "**no**" to this question, you will also be asked "**If no, why?**"

- Please check **all of the reasons** that apply to your facility:
 - Cannot access testing.
 - Resident or authorized representative refused testing.
 - Tests are scheduled, but have not yet been completed.
 - We do not see a need for testing.
 - Testing not required in this case.
 - Other. (You can explain in the **text box** that appears)

Staff Testing (3 questions)

1. Have you developed a plan to test staff consistent with CCLD guidance?

- Please answer **yes or no**.

Note: If you answer "**no**" to this question, you will also be asked "**If no, why?**"

- Please check **all of the reasons** that apply to your facility:
 - Unable to access regular testing.
 - No relationship with a commercial lab.
 - Unable to obtain physician's orders for testing.
 - Other. (You can explain in the **text box** that appears)

If you answer **yes** to this question, you will also be asked the question "**Does your plan include the tracking of staff testing?**"

- Please answer **yes or no**.

2. Are you COVID-19 surveillance testing staff at 10% every 14 days?
- Please answer with **one of these three: yes**, and we have **documentation** of it; **yes**, but we **do not have documentation** of it; or **no**.

Note: If you answer "**no**" to this question, you will also be asked "**If no, why?**"

- Please check **all of the reasons** that apply to your facility:
 - Cannot access testing.
 - No relationship with a commercial lab.
 - No health coverage.
 - Licensee can't afford testing.
 - Staff refused testing.
 - Other. (You can explain in the **text box** that appears)

If you answer "yes" to this question, you will also be asked "How many staff have been tested in the last 14 days?"

Please provide **a number** of staff tested,

3. Have all new staff or staff returning from leave been tested for COVID-19 prior to starting or returning to work in the facility?
- Please answer **yes or no**.

Note: If you answer "**no**" to this question, you will also be asked "**If no, why?**"

- Please check **all of the reasons** that apply to your facility:
 - Unable to access testing.
 - No health coverage.
 - Cannot afford testing.
 - Staff refused testing.
 - Other. (You can explain in the **text box** that appears)

Benefits of Responding to the Weekly Licensee Survey

Your weekly participation in this survey is essential to California's effort to track and project COVID-19 pandemic data and in protecting individuals in your care. Depending on your unique facility needs and survey responses, your Regional Office may contact you to offer technical assistance or gather more details.

The survey will take approximately 10 minutes to complete the first time you complete it. As you become familiar with the questions and begin to collect the data before completing the survey, it should take less time.

CCLD will continue to send the survey link to you via Everbridge every **Monday morning at 10 AM**, via e-mail until further notice. Please expect this survey to arrive

and plan your schedule to allow you a few minutes to thoughtfully respond **no later than 3:00 PM each Tuesday**.

For more information on the Everbridge system, please review [PIN 20-23-CCLD Disaster Response Using the Everbridge Mass Notification System](#).

When filling out the survey, if you have any questions, please send them to the mailbox listed in the survey -- CCLASCPBusinessServices@dss.ca.gov.

Additional Resources

Federal Resources

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
 - [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
 - [Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities](#)
- World Health Organization (WHO)
 - [Coronavirus disease \(COVID-19\) pandemic](#)

State Resources

- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (Includes all COVID-19 related materials (PINs and other resources))
- California Department of Public Health
 - [All COVID-19 Guidance](#)
 - [Detection and Management of COVID-19 Cases in Congregate Living Facilities](#)

Local Resources

- [Local County Health Department](#)
- [Medical Health Operations Area Coordinator \(MHOAC\) Contact List](#)

If you have any questions regarding this PIN, please contact your local [Adult and Senior Care Regional Office](#).