



FAQs for Nursing Homes and Assisted Living Facilities

Q: Will DHEC test all nursing homes and assisted living facilities for COVID-19?

A: DHEC, in collaboration with nursing home associations and LabCorp, developed a COVID-19 testing plan for nursing homes. This phased testing approach commenced in May and included approximately 40,000 residents and staff members at the 194 nursing homes throughout the state. More information regarding the testing plan for nursing homes is available [here](#). At present, DHEC does not have a testing plan in place for assisted living facilities.

Q: Will DHEC initiate free universal testing for assisted living facilities?

A: At present, DHEC has not branched out its universal testing plan to assisted living facilities. However, DHEC continues to work closely with these facilities to provide guidance and help implement recommendations for protecting residents, as well as the dedicated workers who care for them.

Q: How can nursing homes and assisted living facilities acquire COVID-19 testing kits?

A: Facilities should assess their individual needs for testing kits prior to making a request. DHEC's Public Health Laboratory (PHL) provides collection materials to facilities when there is a need and not for stockpiling. If and when a need arises, testing kits are delivered promptly to a facility. Contact information for acquiring COVID-19 testing kits from PHL is available [here](#). If your facility regularly uses a reference lab for testing needs, such as LabCorp or Quest Diagnostics, then they also are able to provide collection materials directly to a facility.

Q: Who should nursing homes and assisted living facilities contact if they require assistance because of active COVID-19 cases within their facilities?

A: Nursing homes and assisted living facilities are encouraged to email c-19_ltcf_help@dhec.sc.gov for assistance from DHEC's Healthcare-Associated Infections (HAI) Program regarding active cases involving staff or residents within their facility. Facilities that have already been in contact with a HAI team member should continue to communicate with their HAI contact.

Q: Who should nursing homes and assisted living facilities contact if they want DHEC's Healthcare-Associated Infections (HAI) Program to perform an infection control assessment and response (ICAR) assessment regarding COVID-19 preparedness?

A: Nursing homes and assisted living facilities should email teleicar@dhec.sc.gov to request an infection control assessment and response (or ICAR) assessment in the form of a "tele-ICAR" from DHEC's HAI Program. Facilities that have already been in contact with a HAI team member should continue to communicate with their HAI contact.

Q: How do nursing homes and assisted living facilities get infection control and PPE supplies?

A: Facilities should request assistance through their local healthcare coalition or contact their County Emergency Management Division to submit a resource request.

Q: Are nursing homes and assisted living facilities permitted to admit new patients or residents?

A: There are currently no restrictions on admitting new patients or residents. CDC recommends actively monitoring all patients and residents upon admission and daily monitoring for fever and respiratory symptoms, including shortness of breath, new or changing coughs, and sore throat. Monitoring should last fourteen (14) days. If possible, facilities should dedicate a unit or wing exclusively for any patients or residents coming or returning from the hospital, including new patients or residents.

Q: What are the visitation restrictions for nursing homes and assisted living facilities?

A: DHEC has issued guidance on the visitation restrictions, available [here](#). The restrictions apply to nursing homes and assisted living facilities. The restrictions mean no visitors for patients or residents are allowed to enter a facility except for end-of-life situations. End-of-life situations include patients receiving hospice, palliative, or compassionate care. End-of-life situations should be considered on a case-by-case basis with careful screening of visitors (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. **Those with fever or symptoms of a respiratory infection (e.g., cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time, even in end-of-life situations.** Visitors permitted to enter the facility must wear a face mask while in the building and restrict their visit to the resident's room or other location designated by the facility. DHEC recommends nursing homes and assisted living facilities notify permitted visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as face masks, throughout the entirety of their visit at the facility.

Q: Who is not considered a visitor and should have access at nursing homes and assisted living facilities?

A: Other than permitted visitors of patients in end-of-life situations, the following are allowed access to facilities:

- **Health Care Workers.** Facilities should follow Centers for Disease Control and Prevention (CDC) guidance regarding access to health care workers, available [here](#). Facilities should also refer to Centers for Medicare and Medicaid Services (CMS) guidelines, available [here](#). This applies to health care workers including but not limited to: hospice workers, home health workers, EMS personnel, or other health care providers that provide necessary care to residents. These workers should be permitted to enter the facility as long as they meet CDC and CMS guidelines for health care workers.
- **Inspectors and Surveyors authorized under state and federal law.**
- **Ombudsman.** Residents still have the right to access the Ombudsman program. If in-person access is not available due to infection control concerns, facilities shall facilitate resident communication by phone or other formats with the Ombudsman program.
- **Vendors, Suppliers, and Transportation Providers.** Facilities should review their interactions with vendors furnishing goods or supplies, transportation providers (e.g., when taking residents to offsite appointments, etc.), and all other delivery services (e.g., food delivery) and take necessary actions to prevent any potential transmission. For example, facilities may direct deliveries to an external location (e.g., loading dock) instead of allowing vendor personnel into the building to drop off supplies. Have them dropped off at a dedicated location. Facilities may allow entry of these service providers, if needed, as long as the service providers are following the appropriate CDC guidelines for Transmission-Based Precautions available [here](#).

Q: Can visitors conduct closed window visits with residents of nursing homes and assisted living facilities?

A: Information on closed window visits is available [here](#).

Q: Is communal dining allowed at nursing homes and assisted living facilities?

A: Instead of communal dining, consider delivering meals to rooms, creating a “grab n’ go” option for residents, or staggering mealtimes to accommodate social distancing while dining (e.g., a single person per table). Remind residents to remain at least 6 feet apart from others when they are outside of their room.

Q: Have there been any changes to patient requirements for tuberculosis screenings in nursing homes and assisted living facilities?

A: Yes, but only for nursing homes. Per the [March 19, 2020 memo](#) to nursing homes regarding tuberculosis screenings, the changes only apply for patients admitted from a hospital to the nursing home. There have been no changes to staff tuberculosis screening requirements at nursing homes or assisted living facilities. There have also been no changes to assisted living facility resident tuberculosis screening requirements.

Q: Have there been any changes to tuberculosis screenings for new hires in nursing homes and assisted living facilities?

A: Yes. Per the [April 3, 2020 memo](#) addressed to nursing homes, assisted living facilities, and other healthcare facility types, DHEC now waives tuberculin skin testing for facility staff prior to their date of hire, initial resident contact, or initial patient contact. However, facilities shall conduct an individual risk assessment for each prospective staff member, including a tuberculosis symptoms evaluation. As COVID-19 and tuberculosis share similar symptoms of cough and fever, any symptomatic staff member shall not have patient or resident contact.