



# RE-OPENING SENIOR LIVING CHECKLIST

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# REQUIREMENTS TO RE-OPENING

This template is designed to provide industry best practices on re-opening Senior Living communities to visitors, new admissions or simply relaxing separation or isolation of existing residents. Additionally, CMS has released additional commentary and Frequently Asked Questions (FAQs) on Nursing Home Visitation (<https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf>).

While intended for Skilled Nursing Facilities, the CMS guidance provided may also be good resources for Assisted Living or Independent Living campuses to review as well. Feel free to use this checklist as you prepare your community for reopening or as a template for your corporation to build and distribute revised policy.

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**Per CMS Guidelines (5/18/2020):** <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Given the critical importance in limiting COVID-19 exposure in nursing homes, decisions on relaxing restrictions should be made with careful review of a number of facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials and nursing homes. Because the pandemic is affecting communities in different ways, State and local leaders should regularly monitor the factors for reopening and adjust their plans accordingly. Factors that should inform decisions about relaxing restrictions in nursing homes include:

- Case status in community: State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).
- Case status in the nursing home(s): Absence of any new nursing home onset of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.
- Adequate staffing: No staffing shortages and the facility is not under a contingency staffing plan.
- Access to adequate testing: The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
  - i. The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - ii. The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);
  - iii. Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - iv. An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
  - v. A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).
- Universal source control: Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.
- Access to adequate Personal Protective Equipment (PPE) for staff: Contingency capacity strategy is allowable, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- Local hospital capacity: Ability for the local hospital to accept transfers from nursing homes.

# TABLE OF CONTENTS

- 1. Requirements to Opening** – Understand and incorporate national and/or state guidance that help determine when your community can begin relaxing restrictions to external guests or internal residents.
- 2. Review & Communicate on COVID-19 Emergency Response Plans** – As you look to relax restrictions, review your existing policies to meet new requirements. A crucial portion of this section is not only determining what changes need to be made, but also defining how to implement and communicate on revisions.
- 3. Opening Up to Visitors** – Consider the unique design of your community, flow of traffic within screening or visitation spaces, and existing furniture/equipment in place. Define areas of risks (for transmission) as well as control measures/interventions that support social distancing and promote resident and guest safety.
- 4. Opening Up Resident Care** – Consider the unique design of your community, flow of traffic within dining areas, service centers or common spaces as well as existing furniture/equipment in place. Define areas of risks (for transmission) as well as control measures/interventions that support social distancing and promote resident and staff safety.

## 1. Requirements to Opening

- If you're a Skilled Nursing Facility, refer to CMS guidance on what requirements exist to open.

Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received baseline test, and the appropriate actions based on the results. States should survey those nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing the transmission of COVID-19. Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again. Phase 2 requires adequate facilities, workforce, viral testing, PPE and supplies across all phases of care. In addition to these requirements: case status in community has met the criteria for Phase 2 with no rebound cases in 14 days; no new nursing home onset COVID-19 cases in the nursing home for 14 days; and nursing home isn't experiencing staff shortages. Phase 3 requires community case status meets criteria for entry to Phase 3 (no rebound in cases during Phase 2). In addition: there have been no new nursing home onset COVID-19 cases in the nursing home for 28 days (through Phases 1 and 2); the nursing home is not experiencing staff shortages; the nursing home has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents; the nursing home has adequate access to testing for COVID-19; and referral hospital(s) have bed capacity on wards and intensive care units.

- CMS Guidance: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

- White House Guidance: <https://www.whitehouse.gov/openingamerica/#:~:text=Opening%20Up%20America%20Again,continuing%20to%20protect%20American%20lives>

- If you're an Assisted or Independent Living community, refer to CDC guidance on requirements to open.

Senior Care facilities should not advance through any phases of reopening or relax any restrictions until all residents and staff have received baseline test, and the appropriate actions based on the results. Senior Care facilities should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again. Phase 2 requires adequate facilities, workforce, viral testing, PPE and supplies across all phases of care. In addition to these requirements: case status in community has met the criteria for Phase 2 with no rebound cases in 14 days; no new COVID-19 cases in the Senior Care facility for 14 days; and the facility isn't experiencing staff shortages. Phase 3 requires community case status meets criteria for entry to Phase 3 (no rebound in cases during Phase 2). In addition: there have been no new COVID-19 cases in the Senior Care facility for 28 days (through Phases 1 and 2); the facility is not experiencing staff shortages; the facility has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents; the facility has adequate access to testing for COVID-19; and referral hospital(s) have bed capacity on wards and intensive care units.

- CDC Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

- White House Guidance: <https://www.whitehouse.gov/openingamerica/#:~:text=Opening%20Up%20America%20Again,continuing%20to%20protect%20American%20lives>

- Additionally, refer to State or local DOH guidelines on what local requirements exist to open.

- CDC State Resources: <https://www.cdc.gov/hai/state-based/index.html>

- Develop a baseline of testing for your facility to achieve in order to open.

The facility should have access to adequate testing and should not advance through any phases of reopening or relax any restrictions until all residents and staff have received baseline test and the appropriate actions based on the results. At minimum, the plan should consider the following components:

- The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative.
- The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community).
- Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers and visitors.
- An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection).
- A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing test).
- All staff are tested weekly. All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative.

- Before reopening, consider a deep "terminal cleaning" across all areas and spaces where you intend visitation or engagement to occur.

- Maintain a dedicated space in the facility for cohorting and managing care for residents with COVID-19.

## 2. Review & Communicate on COVID-19 Emergency Response Plans (Policies)

- Define Flow of Traffic throughout your community to identify areas of risk for congregation.  
Determine your individual community policies on how to enforce social distancing in the face of re-opening. Consider using interventions such as signs, tape marks or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Consider adaptations to employee entrances to include showering (pre/post), PPE distribution, personal item storage, screening and communication (signage).
- Revisit required annual inspections or maintenance (regulatory or best practices) in order to re-open spaces or maintain compliance.
- Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. Develop plans to communicate with contractors and Service Providers regarding modifications to work processes and requirements for contractors to prevent transmission.
- There may have been services added during the COVID-19 crisis; consider continuation of those services for the duration or through re-opening.
- Consider additional training or alternative methods to communicate on policy revisions across staff, residents and guests.
- Provide adequate communication on COVID-19 policies via signage, table displays or other resources.
- Consider reviewing each resident's individual communication plan related to resident's health, illness or worsening condition (hospitalization) as an opportunity to create trust and engagement with the resident and/or family.
- Review your existing Emergency Response plans or Infection Prevention policies and consider investments into Administrative or Engineering Controls which support a lower rate of risk or transmission.  
Monitor the success of your plans or policies through the COVID-19 crisis to date to identify opportunities for investment, define reductions in risk and determine return on investments. As focus grows on indoor air quality, alternative disinfecting methods and non-invasive screening technology, review what makes sense for your organization as interventions or measures to reduce risk of transmission and supports resident or staff safety.

## 3. Opening Up to Visitors

- Physical Space Readiness: Review Flow of Traffic at entrance, consider alternative entrances, paths or routes dedicated to resident visitors/guests.

Identify your risks for both high-touch areas (where transmission is most likely to occur) and flow of traffic congestion (where 6 feet of distancing may be difficult). Define interventions or control measures for these areas of risk and implement through your physical space readiness, supplies or environmental cleaning.

- Physical Space Readiness, Stage I: Dedicate outdoor area(s) in your community to guest visitation when the identified criteria is met within your Emergency Preparedness plan.

Identify spaces that are close to entrances and are accessible to those with disabilities, and minimize noise/disruption from your neighborhood. Seek to establish dedicated space between groups that provides 6 feet of distancing. Choose space that provides opportunity for activities or engagement while limiting risk of exposure between residents and their guests.

- Physical Space Readiness, Stage II: Dedicate indoor area(s) in your community to guest visitation when the identified criteria is met within your Emergency Preparedness plan.

Identify spaces that are close to entrances, isolate visitations from other residents and are accessible to those with disabilities. If available, consider conference rooms, offices or open resident rooms as they more naturally provide separation. Consider investing in electronics, technology or furniture that promote activities or engagement while limiting risk of exposure between residents and their guests.

- Physical Space Readiness: Consider furniture that supports social distancing and is easy to clean/disinfect.

Review your existing furniture specs to ensure they are durable or designed to withstand more frequent cleaning/disinfecting. Consider those that provide protective barriers/coatings that can support reductions in transmission rate. Utilize furniture and layout as a control measure for high-touch areas or heavy-traffic flows to promote resident and guest safety.

- Outdoor Furniture: <https://store.directsupply.com/Search?t=outdoor+furniture>

- Indoor Furniture: <https://store.directsupply.com/catalog/furnishings-common-area-furniture-22919>

# OPENING UP TO VISITORS

- Physical Space Readiness: Consider the application of separation barriers or partitions between residents and their guests.  
If your dedicated spaces won't naturally provide separation (walls/barriers), invest in and deploy partitions, walls or barriers (either installed or portable) that promote 6 feet of distancing between residents and their guests as well as between groups. Consider impairments such as visual, hearing, mobility or memory care in the design of your barriers.
  - Partitions: <https://store.directsupply.com/Search?t=partitions>
  - Shields: <https://store.directsupply.com/Search?t=safety+shields>
  - Barriers: <https://store.directsupply.com/Search?t=isolation+barriers>
  
- Physical Space Readiness: Consider Indoor Air Quality technology to reduce airborne transmission or HVAC solutions to support resident and guest comfort in screening or visitation spaces.
  - HVAC: <https://store.directsupply.com/Search?t=hvac>
  - Air Purifiers: <https://store.directsupply.com/Search?t=air+quality+equipment>
  - Filtration: <https://store.directsupply.com/Search?t=air+filter>
  
- Policies & Procedures: Review your screening process; consider non-invasive technologies such as thermal cameras or tympanic thermometers.  
100% of all visitors, residents and staff are screened and additional precautions are taken, including social distancing and hand hygiene. All visitors and staff must have their temperature checked, questionnaire about symptoms and potential exposure, observation of signs or symptoms and wear a cloth face covering or face mask for the duration of the visit. Phase 3 visitation allowed with screening and additional precautions, including ensuring social distancing and hand hygiene. All visitors must wear a cloth face covering or face mask during the visit. Phase 3 also allows for the entry of volunteers.
  - Thermal Cameras: <https://store.directsupply.com/Search?t=thermal+temperature+kiosk>
  - Non-Invasive Thermometers: <https://store.directsupply.com/Search?t=non-contact+thermometer>
  - Integrated Security Systems: <https://store.directsupply.com/Search?t=visitor+management>
  
- Supplies: Stock entrances and dedicated visitation space with PPE and hand sanitizer, and consider portable hand wash stations to enhance safety.
  - PPE: <https://store.directsupply.com/Search?t=ppe>
  - Hand Sanitizer: <https://store.directsupply.com/Search?t=hand+sanitizer>
  - Handwashing: <https://store.directsupply.com/Search?t=handwashing>

# OPENING UP TO VISITORS

- Environmental Cleaning: Revise or develop specific cleaning and disinfecting processes for screening and visitation spaces.  
Pay specific attention to high-touch areas within the entrance, pathways or corridors, and visitation spaces where there are elevated levels of risk for transmission. Increase frequency of cleaning sessions using EPA-approved disinfectants, paying specific attention to the kill time and dwell time required. Support staff cleanings with indoor air quality technology designed to remove pathogens and particles from the air to be disinfected/removed on surfaces.
  
- Environmental Cleaning: Consider alternative disinfecting methods or disinfectants that also leave protective barriers to improve your ability to control transmission across more frequent cleanings.  
Due to supply chain concerns, there has been an influx of new, alternative disinfecting or sanitizing technologies made available during COVID-19. Ensure that they have clinical support from third-party labs, are peer reviewed or utilize existing EPA-approved chemicals for SARS-CoV-2 (the virus that causes COVID-19). Pay attention to technologies that reduce the impact on staff (time/ergonomics), allowing for more broad spread distribution due to increased frequency of cleanings. Look for chemical alternatives that not only meet EPA approvals but can also provide coatings or barriers that provide sanitization or protection post-application.
  - Alternative Disinfectants (Call your dedicated account manager for availability)
  - EPA-Suggested Disinfectants: <https://store.directsupply.com/Promotions/disinfectant-kill-claims.html>
  - Cleaning Chemicals: <https://store.directsupply.com/Search?t=all+purpose+cleaners>
  - Housekeeping Supplies: <https://store.directsupply.com/Search?t=housekeeping>
  
- Education: Train staff on your revised COVID-19 policies and utilize tools that can help reinforce or track adoption.  
Education: Work with residents and family members as you implement revised COVID-19 policies and identify ways that they can also contribute to making your community safer.
  
- Communication: Drive focus via wall and floor signs, table displays or other resources on your revised COVID-19 policies.
  - Signs & Displays: <https://store.directsupply.com/Search?t=social+distancing>
  - Safety Signs: <https://store.directsupply.com/catalog/environmental-safety-security-safety-signs-160857>
  
- Communication: Inform residents and their families via town hall meetings, emails, newsletters or website on revised screening and visitation policies.

## 4. Opening Up Resident Care

- Physical Space Readiness: Review Flow of Traffic within hallways, common spaces or service areas (dining rooms, bistros, salons, chapels, etc.) under consideration to re-open.

Identify your risks for both high-touch areas (where transmission is most likely to occur) and flow of traffic congestion (where 6 feet of distancing may be difficult). Define interventions or control measures for these areas of risk and implement through your physical space readiness, supplies or environmental cleaning.

- Physical Space Readiness: Review dining services and determine how to support ongoing meal delivery services with safe yet social meals in the dining room or other spaces.

Review room layout, existing furniture and traffic flow to determine how to reopen while maintaining social distancing. Consider dedicating additional lounge or common areas for dining room overflow or areas to enjoy takeout. Consider investments into bistros, cafes or mobile cart solutions that can provide safe alternatives to dining room or in-room meal delivery services.

- In-Room Dining: <https://store.directsupply.com/Search?t=Inroom+dining>
- Disposables: <https://store.directsupply.com/Search?t=Disposable+dinnerware>
- Takeout: <https://store.directsupply.com/Search?t=takeout>
- Dining Room: <https://store.directsupply.com/Search?t=dining+room>

- Physical Space Readiness: Review Activities or Wellness services to define how to promote engagement and socialization while maintaining an emphasis on distancing and safety.

Review previous activity spaces (puzzle tables, for example, or internet cafes) and define high-touch, high-risk areas. Define control measures or interventions via the use of signage, barriers or equipment. Consider investing in technology that can increase resident engagement online or via electronics. Consider safe alternatives to puzzles and games that allow residents to work independently, yet still remain engaged. Consider how to re-purpose outdoor space or invest in outdoor activities that provide a safer alternative to interior options.

- Interactive Wellness: <https://store.directsupply.com/Search?b=136794&t=it%27s%20never%20to%20late>
- Electronics: <https://store.directsupply.com/catalog/technology-electronics-electronics-20259>
- Audio: <https://store.directsupply.com/Search?t=audio>
- Wellness Activities: <https://store.directsupply.com/catalog/rehabilitation-wellness-130576>
- Outdoor Activities: <https://store.directsupply.com/Search?t=outdoor+activities>

- Physical Space Readiness: Review therapy or wellness gyms to determine how to re-open services while maintaining an emphasis on distancing. Consider supplies that can support in-room therapy or rehab to reduce usage of gym(s) to maintain safety.  
Review the layout of your gym to create distancing and consider the use of tape or markings to maintain space between equipment & users. Consider interactive technologies or exercise supplies that allow residents to continue therapies in their room instead of using the gym.
  - Interactive Therapy: <https://store.directsupply.com/catalog/rehabilitation-exercise-equipment-functional-measurement-135839>
  - Exercise Supplies: <https://store.directsupply.com/Search?t=exercise+supplies>
  
- Physical Space Readiness: Consider the application of separation barriers or partitions between residents in common areas, areas of service or activities and dining rooms.  
If your dedicated spaces won't naturally provide separation (walls/barriers), invest in and deploy partitions, walls or barriers (either installed or portable) that promote 6 feet of distancing between residents and their guests as well as between groups. Consider impairments such as visual, hearing, mobility or memory care in the design of your barriers.
  - Partitions: <https://store.directsupply.com/Search?t=partitions>
  - Shields: <https://store.directsupply.com/Search?t=safety+shields>
  - Barriers: <https://store.directsupply.com/Search?t=isolation+barriers>
  
- Physical Space Readiness: Consider Indoor Air Quality technology to reduce airborne transmission or HVAC solutions in common areas, areas of service or activities and dining rooms.
  - HVAC: <https://store.directsupply.com/Search?t=hvac>
  - Air Purifiers: <https://store.directsupply.com/Search?t=air+quality+equipment>
  - Filtration: <https://store.directsupply.com/Search?t=air+filter>

- Policies & Procedures: Review your screening process; consider non-invasive technologies such as thermal cameras or tympanic thermometers.

100% of all visitors, residents and staff are screened and additional precautions are taken including social distancing and hand hygiene. All visitors and staff must have their temperature checked, questionnaire about symptoms and potential exposure, observation of signs or symptoms and wear a cloth face covering or face mask for the duration of the visit. Phase 3 visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene. All visitors must wear a cloth face covering or face mask during the visit. Phase 3 also allows for the entry of volunteers.

- Thermal Cameras: <https://store.directsupply.com/Search?t=thermal+temperature+kiosk>
- Non-Invasive Thermometers: <https://store.directsupply.com/Search?t=non-contact+thermometer>
- Integrated Security Systems: <https://store.directsupply.com/Search?t=visitor+management>

- Supplies: Increase access to PPE stations and hand sanitizer and consider portable hand wash stations at entrances and exits to common spaces and along corridors.

- PPE: <https://store.directsupply.com/Search?t=ppe>
- Hand Sanitizer: <https://store.directsupply.com/Search?t=hand+sanitizer>
- Handwashing: <https://store.directsupply.com/Search?t=handwashing>

- Environmental Cleaning: Revise or develop specific cleaning and disinfecting processes in common areas, areas of service or activities and dining rooms.

Pay specific attention to high-touch areas within the entrance, pathways or corridors, and common spaces where there are elevated levels of risk for transmission. Increase frequency of cleaning sessions using EPA-approved disinfectants, paying specific attention to the kill time and dwell time required. Support staff cleanings with indoor air quality technology designed to remove pathogens and particles from the air to be disinfected/removed on surfaces.

- Environmental Cleaning: Consider alternative disinfecting methods or disinfectants that also leave protective barriers to improve your ability to control transmission across more frequent cleanings.

Due to supply chain concerns, there has been an influx of new, alternative disinfecting or sanitizing technologies made available during COVID-19. Ensure that they have clinical support from third party labs, are peer reviewed OR utilize existing EPA-approved chemicals for SARS-CoV-2 (COVID-19). Pay attention to technologies that reduce the impact on staff (time/ergonomics) allowing for more broad-spread distribution due to increased frequency of cleanings. Look for chemical alternatives that not only meet EPA approvals but can also provide coatings or barriers that provide sanitization or protection post-application.

- Alternative Disinfectants (Call your dedicated account manager for availability)
- EPA-Suggested Disinfectants: <https://store.directsupply.com/Promotions/disinfectant-kill-claims.html>
- Cleaning Chemicals: <https://store.directsupply.com/Search?t=all+purpose+cleaners>
- Housekeeping Supplies: <https://store.directsupply.com/Search?t=housekeeping>

- Education: Train staff on your revised COVID-19 policies and utilize tools that can help reinforce or track adoption.

- Education: Work with residents, physicians or service providers, and family members as you implement revised COVID-19 policies and identify ways that they can also contribute to making your community safer. Consider how you adapt to support memory care or impaired residents so that they understand and maintain safety within your community.

- Communication: Drive focus via wall and floor signs, table displays or other resources on your revised COVID-19 policies. Consider signage with more image-based focus for memory care or impaired residents.

- Signs & Displays: <https://store.directsupply.com/Search?t=social+distancing>
- Safety Signs: <https://store.directsupply.com/catalog/environmental-safety-security-safety-signs-160857>

- Communication: Inform residents and their family via town hall meetings, emails, newsletters or website on revised COVID-19 policies.

**Sign in to your account today at [www.TELS.net](http://www.TELS.net)** for COVID-19-specific resources that can help you convert policy into action, heighten visibility and communication, or simply help with everyday building management.