



DALLAS COUNTY

AMENDED ORDER OF COUNTY JUDGE CLAY JENKINS REGARDING LONG-TERM CARE FACILITIES

DATE ORDER ISSUED: August 4, 2020

WHEREAS, pursuant to Texas Government Code Section 418.108, Dallas County Judge Clay Jenkins issued a Declaration of Local Disaster for Public Health Emergency on March 12, 2020, due to a novel coronavirus now designated SARS-CoV2 which causes the disease COVID-19;

WHEREAS, the on-going evaluation of circumstances related to the virus and the updated recommendations of the Centers for Disease Control and the Texas Department of State Health Services warrant the March 12, 2020 Order of County Judge Clay Jenkins be amended;

WHEREAS, on March 16, 2020, President Trump acknowledged the gravity of the COVID-19 pandemic, releasing strict new guidelines to limit people's interactions, including that Americans should avoid groups of more than 10 people; and

WHEREAS, on March 19, 2020, the Dallas County Commissioners Court issued an Order of Continuance of Declaration of Local Disaster for Public Health Emergency that affirmed the activation of the Dallas County Emergency Management Plan and extends the Declaration of Local Disaster until 11:59 p.m. on April 30, 2020, unless rescinded by order of the Commissioners Court.

THEREFORE, County Judge Clay Jenkins issue this Order. This Order does not supersede or replace any other orders issued by Judge Jenkins pursuant to and under the authority of the Local Disaster for Public Health Emergency and such other orders remain in full force and effect pursuant to their terms:

UNDER THE AUTHORITY OF TEXAS GOVERNMENT CODE SECTION 418.108, DALLAS COUNTY JUDGE CLAY JENKINS ORDERS:

1. Effective as of 11:59 p.m. on August 4, 2020, ("*Effective Date*"), and continuing concurrently with the Governor Abbott's disaster proclamation unless rescinded, suspended, or amended;
2. This Order applies to all Long-Term Care Facilities, including Skilled Nursing Facilities and Assisted Living Facilities, and Nursing Homes (henceforth referred to as "Facilities") in Dallas County, Texas.
3. If a resident of a Facility is identified with a COVID-19 diagnosis, the Facility shall do the following:
 - a. Immediately notify all staff (from all levels of care or any job description within the Facility) that a resident has been diagnosed with COVID-19. This notification shall be done in staff meetings, by phone or text message or email. Facilities shall notify staff each time a resident test positive and shall inform staff of the total number of COVID-19 positive residents in the Facility.



DALLAS COUNTY

of all residents, regardless of presence of symptoms. The Facility should also implement protocols for extended use of eye protection and facemasks. The Facility shall insure that all health care personnel must have temperature and symptom checks prior to each shift. If a worker has a temperature above 99.6 degrees Fahrenheit, then they are prohibited from going to work and must remain at their residence;

b. The Facility will be closed to new admissions and will also close all services, including outpatient rehabilitation. Facilities cannot accept new admissions until the Facility goes 21 consecutive days without any COVID-19 diagnosis of a resident or staff member. This provision does not apply to (i) a COVID-19 Facility, as designated by the Dallas County Health Authority, which receives convalescing COVID-19 patients from acute care hospitals; or (ii) upon approval of the Dallas County Health Authority, a Facility with a specific wing or unit where COVID-19 residents are cohorted in isolation separated from the rest of the Facility pursuant to CDC guidelines, to include separate entrance/exit from the rest of the Facility with dedicated direct care staff.

c. For Facilities with multiple levels of care physically located in the same building, there shall be no crossover of staff between a Skilled Nursing Facility and Assisted Living Facility.

d. Any and all of the staff at the Facility shall not work at any Facility other than the impacted Facility, and the administrator any Facility shall keep a list of all employees who have worked at any other Facilities, including the name and contact information for the administrator at the other Facility.

6. Hospitals and surgical centers shall test all patients for COVID-19 before referring the patient to a Facility.

a. Hospitals and surgical centers shall test patients for COVID-19 regardless of whether the patient is exhibiting symptoms or not.

b. Hospitals and surgical centers shall provide the patient's COVID-19 test results in writing to the referring Facility before the patient may be transferred from the hospital or surgical center to the Facility.

7. Any standards prohibiting improper transfer of patients under this Order will be strictly enforced.

8. If a Facility has any resident with a diagnoses of COVID-19, the Facility may allow transfer of a resident to home care, but only after a patient has been tested as negative for COVID-19. In the case of such a transfer, the Facility must provide a copy of this order to those in the household to which the resident is being transferred. Those persons in the household to which the resident is transferred are ordered to isolate at home for 14 days. Members of the household cannot go to work, school, or any other community function, except for workers included in Essential Healthcare Operations who may continue to work in accordance with CDC guidance.

9. If a Facility has any resident with a diagnosis of COVID-19, the Facility may allow transfer of a resident to a hospital, but only after the Facility has provided notice to the receiving hospital that the patient is coming from a Facility with identified COVID-19. If the patient is transferred



DALLAS COUNTY

by ambulance, the Facility must also provide notice to the ambulance providers that the patient is coming from a Facility with identified COVID-19. The hospital may transfer the resident back to the same Facility that initially transferred the patient.

10. Facilities owned by the same corporation may allow transfer of a COVID-19 positive resident from one Facility in their system to another Facility in their system, so long as the receiving Facility is a COVID-19 Designated Facility under Section 5(b) of this Order, to maintain cohorting of COVID-19 positive patients.

11. Facilities can accept convalescing (recovering) patients with COVID-19 if they are no longer deemed infectious as per CDC and local health authority guidelines.

12. Facilities can accept new admissions if the individuals are transferred from a facility closed by state health authorities.

13. The Facility shall inform the Texas Health and Human Services Commission of all COVID-19 cases, the same day of identification of each new case. The notification must also include a tally of total cases.

14. The County of Dallas must promptly provide copies of this Order by posting on the Dallas County Health and Human Services website. In addition, the owner, manager, or operator of any facility that is likely to be impacted by this Order is required to post a copy of this Order onsite and to provide a copy to any member of the public asking for a copy. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.

IT IS SO ORDERED

**CLAY JENKINS
DALLAS COUNTY JUDGE**

September 21, 2020

Dear Families and Friends,

We are excited to hear the announcement from CMS and Governor Abbott regarding new visitation criteria and requirements. We are reviewing the guidelines and developing protocols to meet the requirements for providing compassionate care visits and other visitation options based on the county the facility is located in, as some counties will not qualify for visitation due to the positivity rates at this time. There are several additional guidelines we expect clarification on this week from Texas Health and Human Services. We do expect each visitor will be required to provide the facility with a negative COVID-19 PCR test before being allowed to enter the facility.

We have all been waiting for a change in visitation guidance and are excited to work on this next phase. We look forward to reuniting our residents with their family and friends in the safest way possible. Thank you for your patience and please stay tuned for more communication in the coming days.

Sincerely,

Administrator



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-26-NH

DATE: April 19, 2020
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group
SUBJECT: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).
- ***Communicable Disease Reporting Requirements:*** To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID -19 and Persons under Investigation (PUI) could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.
- ***Transparency:*** CMS will also be previewing a new requirement for facilities to notify residents and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional direction to nursing homes to help control and prevent the spread of the disease.

To address this spread, CMS, which inspects Medicare and Medicaid-participating facilities in conjunction with State Survey Agencies to ensure compliance with Federal health and safety rules, has worked hand-in-hand with CDC to provide nursing homes with clear guidance on how they

can keep their residents safe.

Guidance

Nursing homes are currently required to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

This includes a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility. Further, nursing homes are required to know when and to whom possible incidents of communicable disease or infections should be reported.

Facility Reporting

Current requirements at 42 CFR 483.30 and CDC guidance specify that nursing homes notify State or Local health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.

At present, these data are not collected by CMS, CDC, or the Federal Emergency Management Agency (FEMA). CMS and CDC will soon provide nursing homes with specific direction on standard formatting and frequency for reporting this information through the CDC's National Health Safety Network (NHSN) system. Currently, this information is provided optionally by nursing homes. The required collection of this information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions. This information may be retained and publicly reported in accordance with law.

Resident and Resident Representative Reporting

In addition to requiring reporting to CDC, in rulemaking that will follow, we will also be requiring that facilities notify its residents and their representatives to keep them informed of the conditions inside the facility. This is separate from the reporting required to CDC in that this information will be shared by the nursing home directly with residents and their representatives. At a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered. This information must be reported in accordance with existing privacy regulations and statute.

In rulemaking that will follow this memorandum, failure to report resident or staff incidences of communicable disease or infection, including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19), or provide timely notification to residents and their representatives of these incidences, as required, could result in an enforcement action against the nursing home by CMS.

Ongoing Public Health Surveillance

Finally, to ensure access by appropriate public health entities at the Federal, State or Local level, nursing homes are reminded of the requirement at 42 CFR 483.10(f) (4)(i)(A) and (B) which mandates immediate access to any residents by any representative of the Secretary or State. The purpose of these visits will be for CDC (or its agents) to perform on-site infectious disease surveillance, testing of healthcare personnel and residents, or other related activities, as permitted under law.

The full CDC guidance to prepare nursing homes for COVID-19 can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html#facilities-should-do

These actions are necessary to ensure Federal, State and Local public health surveillance systems, and residents and their representatives, have the most complete information on COVID-19 cases in nursing homes to mitigate the spread and impact of COVID-19 on our most vulnerable citizens.

Contact

Questions about this memorandum should be addressed to DNH_TriageTeam@cms.hhs.gov.

Effective Date

This memorandum should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management