



**AMENDED DIRECTIVE AND ORDER REGARDING NURSING HOME MATTERS
Pursuant to Executive Orders Nos. 20-06-10-01, 20-04-29-01, and Various Health Care
Matters of March 16, 2020**

No. MDH 2021-05-04-02

I, Dennis R. Schrader, Secretary of Health, finding it necessary for the prevention and control of 2019 Novel Coronavirus (“SARS-CoV-2” or “2019-NCoV” or “COVID-19”), and for the protection of the health and safety of patients, staff, and other individuals in Maryland, hereby authorize and order the following actions for the prevention and control of this infectious and contagious disease under the Governor’s Declaration of Catastrophic Health Emergency.

This Amended Directive and Order replaces and supersedes the Directives and Orders Regarding Nursing Home Matters, dated February 11, 2021, December 8, November 17, October 27, October 1, July 24, June 19, April 29, April 24, April 9, and April 5, 2020.

1. **Protecting Nursing Home Residents:**

- A. Facilities licensed under Title 19, subtitles 3 and 14 of the Health-General Article and COMAR 10.07.02 (“nursing homes”) shall immediately ensure that they are in full compliance with all [U.S. Centers for Disease Control and Prevention \(CDC\)](#), [U.S. Centers for Medicare & Medicaid Services \(CMS\)](#) and [the Maryland Department of Health \(MDH\)](#) guidance related to COVID-19.

Nursing homes shall check CDC, CMS, and MDH guidance daily to ensure that they are complying with the most current guidance and adjust their policies, procedures, and protocols accordingly.

- B. Facilities shall screen and admit all persons who enter the facility (e.g., staff, volunteers, vendors, and visitors) in accordance with the Centers for Medicare and Medicaid Services (CMS) Core Principles of COVID-19 Infection Prevention guidance (Ref: QSO-20-39-NH or as revised).

- C. All staff, volunteers, vendors, visitors and residents, shall follow CDC and CMS guidance on face covering usage when in the facility.

2. **Protecting Nursing Home Staff:** Maryland continues to prioritize nursing homes in the highest category to receive personal protective equipment (PPE) if supplies cannot be obtained through normal medical supply channels.

- A. All nursing homes shall use the process established by MDH to request PPE from the State: [PPE Request Form](#). All nursing home staff are required to implement the CDC’s [Strategies to Optimize the Supply of PPE and Equipment](#).

- B. All personnel who are in close contact with residents of nursing homes shall use appropriate Standard and Transmission-based Precautions, as recommended by [MDH](#) and [CDC](#), based on the procedures being performed and the availability of specific forms of PPE. Facilities shall use good faith efforts to maintain adequate supplies of all types of PPE.

3. **Outbreak Prevention, Reporting, and Containment:**

- A. **Emergency Preparedness Plan:** Subject to 42 C.F.R. § 483.73 and COMAR 10.07.02.40, each facility shall:
 - i. Implement its emergency preparedness plan/emergency and disaster plan including notification of families and staff; increase as appropriate its staff coverage, organization and assignment of responsibilities; and track residents displaced due to the COVID-19 outbreak;
 - ii. Designate and provide the Maryland Department of Health’s Office of Health Care Quality with the contact information for its emergency and disaster planning liaison as well as to the local jurisdiction’s emergency management office and health department;
 - iii. Provide the plan, as well as any revisions to the plan, and regular weekly updates on the implementation of each facility’s plan to the Maryland Department of Health’s Office of Health Care Quality; and
 - iv. Each facility shall register with the Chesapeake Registry and regularly update their personnel needs so that the State may assist with staffing.

- B. **Facility Reporting to Health Department:** All facilities shall report on a daily basis specified information as requested via the Chesapeake Regional Information System for Our Patients (CRISP).

Each facility report shall include at least the following:

- i. The census of occupied beds;
- ii. Number of residents with positive COVID-19 test results;
- iii. Number of staff with positive COVID-19 test results;
- iv. Number of deaths, by COVID-19 status;
- v. On a weekly basis, the number of staff and residents that are fully vaccinated; and

vi. Any other information required.

- C. **Facility Reporting to Residents, Residents' Representatives and Staff:** All facilities must provide informational updates on COVID-19 to residents, residents' representatives, and staff following CMS guidance.

The above information must be reported to residents, residents' representatives, and staff in accordance with existing privacy statutes and regulations.

D. **MDH Response Teams**

All facilities shall comply with all directives from MDH, local health departments, or MDH-designated response teams, including but not limited to technical assistance teams and facility bridging teams, for the containment of COVID-19.

4. **Testing:**

A. Testing

Facilities shall follow all testing requirements as set out by CMS (Ref. QSO-20-38-NH), or as updated.

- i. Each facility shall be responsible for making appropriate contractual and financial arrangements for the testing of these staff, volunteers, and vendors.
- ii. Each facility shall establish and maintain COVID-19 testing arrangements with laboratories for PCR Assay-based testing.
- iii. As directed by MDH, a facility shall perform additional COVID-19 testing or permit COVID-19 testing to be administered on residents and staff by MDH, a local health department, or by designated MDH Response Team member(s).

Note: Individuals that refuse testing may be required to go to and remain in places of isolation or quarantine, pursuant to Health Gen. Art. § 18-905(a)(iii).

5. **Staff Assignments:** Nursing homes shall immediately implement, to the best of their ability, the following personnel practices:

- A. Establish during each shift a cohort of staff who are assigned to care for known or suspected COVID-19 residents.
- B. Designate a room, series of rooms, unit, or floor of the nursing home as a separate observation area where newly admitted, readmitted, or other residents requiring quarantine per [CDC guidance](#) are kept for 14 days on appropriate Standard and

Transmission-based Precautions while being observed every shift for signs and symptoms of COVID-19.

Note: Per CDC guidance, quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have not had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

- C. Designate a room, series of rooms, unit, or floor of the nursing home to care for residents with known or suspected COVID-19.
- D. Pursuant to COMAR 10.07.02.19, nursing homes shall maintain adequate staffing to meet the needs of all residents at all times. In determining whether a nursing home has met this requirement, the Office of Health Care Quality will take into account that a resident who has known or suspected COVID-19 generally requires increased direct bedside care hours each day, above the mandated minimum of 3.0 hours in the current regulations.

Direct bedside care may be provided by a registered nurse, licensed practical nurse, geriatric nursing assistant, certified nursing assistant, dietary aide, physical therapy aide, occupational therapy aide, and other qualified staff.

6. **Daily Resident Evaluation for COVID-19 by Clinical Staff:**

Each nursing home resident shall be evaluated daily to check for COVID-19 by the nursing home's clinical staff.

The evaluation shall include vital signs as well as the identification of new or worsening signs or symptoms. CDC symptoms for COVID-19 are located here:

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

In addition to the daily evaluation, all interdisciplinary team members shall report findings that might represent a significant change of condition to the charge nurse or staff nurse for further assessment.

All evaluations shall be documented in the resident's medical record. The nursing staff shall timely convey significant findings to a physician, nurse practitioner, or physician assistant for follow up face-to-face in-person or via telehealth. Facility staff shall document telephone calls and medical practitioners shall document face-to-face in-person and telehealth visits in the resident's medical record.

The failure of the licensed or certified nursing home staff to comply with this directive may result in referral of the individual to the appropriate licensing board or the criminal and civil penalties described below.

7. **Right of Return for Previously Ill Residents:** Returning residents to their nursing facility,

their home, remains a priority. For nursing home residents admitted or seen at a hospital for COVID-19, the residents shall be allowed to return to the nursing home as long as the facility can follow the approved [CDC recommendations for transmission-based precautions](#). If the residents must temporarily go to other facilities, every effort must be made by the receiving and original nursing homes to transfer the residents back to their original nursing homes as soon as possible.

8. **Office of Health Care Quality:**

- A. **Discharge Assistance:** The Office of Health Care Quality is directed to assist acute care hospitals, if necessary, in discharging patients who require nursing-home level care. Hospital discharge planners who are unable to place a patient may access this service at: mdh.dischargeassist@maryland.gov

Nursing homes shall cooperate with the Office of Health Care Quality and hospitals in the placement of discharged patients.

- B. **Special Safety and Compliance Officer:** The Special Safety and Compliance Officer, as designated by the Secretary, shall monitor facilities' compliance with the Governor's Executive Order and all Departmental orders and directives. All staff of the Health Department are requested and required to provide immediate assistance in the execution of the Officer's duties. All facilities shall provide information as requested by the Officer in connection to responding to COVID-19 in their facility.

9. **Criteria for Re-Opening of Facilities to Residents and Visitors**

A. **Visitation**

- i. All nursing homes should follow the Centers for Medicare & Medicaid Services (CMS) guidance on nursing home visitation regarding COVID-19 (Ref. [QSO-20-39-NH](#)) or as updated. Either MDH or a local health department may direct a facility to a more restrictive set of conditions at any point.
- ii. A facility shall communicate regularly with staff, the local ombudsman, residents, and residents' representatives about the facility's reopening plans, and the implementation of the re-opening.

Note: All nursing homes are encouraged to either test or ask visitors to be tested for COVID-19 prior to the visit.

10. **Vaccinations**

- A. Each facility shall identify a facility point of contact for coordination of administration of vaccines. The facility point of contact shall:

- i. Identify new staff and admitted residents to the facility to ensure the individual's vaccination needs are met,
- ii. Ensure that by May 30, 2021 their facility can demonstrate that they have established an ongoing relationship with a vaccine provider to maintain adequate access to meet their vaccination needs,

Note: This requirement may be satisfied by registering in ImmuNet as a vaccine provider or by entering into a partnership with a healthcare provider registered in ImmuNet as a COVID-19 vaccine provider.

- iii. Ensure that each facility's vaccination data are reported via CRISP as outlined in Section 3.B above to the Maryland Department of Health so that the information can be posted weekly on the Department of Aging's website, and
 - iv. Ensure that each facility's vaccination data for staff and residents is displayed prominently to the public entering the facility.
11. **Penalties:** A person who knowingly and willfully fails to comply with this Order and Directive is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding one year or a fine not exceeding \$5,000 or both. Persons who violate the Order and Directive also may face administrative sanctions.
 12. **Severability:** If any provision of this Directive and Order or its application to any person, entity, or circumstance is held invalid by any court of competent jurisdiction, all other provisions or applications of this Directive and Order shall remain in effect to the extent possible without the invalid provision or application. To achieve this purpose, the provisions of this Directive and Order are severable.

THESE DIRECTIVES AND ORDERS ARE ISSUED UNDER MY HAND THIS 4TH DAY OF MAY 2021 AND ARE EFFECTIVE IMMEDIATELY.



Dennis R. Schrader
Secretary