



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

March 19, 2021

PIN 21-17-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM RESIDENTIAL
LICENSEES

FROM: *Original signed by Kevin Gaines*
KEVIN GAINES
Deputy Director
Community Care Licensing Division

SUBJECT: **UPDATED STATEWIDE WAIVER RELATED TO CORONAVIRUS
DISEASE 2019 (COVID-19) AND VISITATION; COMMUNAL DINING;
GROUP ACTIVITIES; NON-ESSENTIAL SERVICES; OUTINGS; AND
NEW ADMISSIONS**

Provider Information Notice (PIN) Summary

PIN 21-17-ASC informs Adult and Senior Care (ASC) residential licensees of updates to the statewide waiver for visitation, and updates to guidance on communal dining, group activities, non-essential services, residents returning from outings and new admissions.

Please post this PIN in the facility where residents can easily access it and distribute the PIN Summary for Residents (located at the end of this PIN) to residents and, if applicable, their representatives.

This PIN supersedes the statewide waiver related to visitation and guidance on communal dining, group activities, and non-essential services in [PIN 20-38-ASC](#) dated October 6, 2020, and supersedes guidance on residents returning from outings in [PIN 20-42-ASC](#) dated November 20, 2020 and [PIN 20-43-ASC-CCR](#) dated December 1, 2020.

Although currently available COVID-19 vaccines are highly effective in the prevention of severe and symptomatic COVID-19, there is still limited information on how much the vaccines reduce transmission, how long protection lasts, and effectiveness against the emerging variants. Until otherwise instructed, fully vaccinated residents and facility staff should continue to follow current guidance to protect themselves and others, including wearing a face covering, staying at least six (6) feet away from others, avoiding crowds and poorly ventilated indoor spaces, covering coughs and sneezes, proper hand hygiene, and following guidance for personal protective equipment (PPE) use and COVID-19 testing.

Important! “[Fully vaccinated](#)” means two (2) weeks after receiving the second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, like Johnson & Johnson’s Janssen vaccine.

Licensees should continue to follow guidance in all applicable California Department of Social Services (CDSS) [PINs](#) in addition to guidance or instructions from:

- Health care providers;
- [Centers for Disease Control and Prevention \(CDC\)](#);
- [California Department of Public Health \(CDPH\)](#);
- [California Department of Developmental Services \(CDDS\)](#); and
- [Local health departments](#).

*If there are differing requirements between the most current CDC, CDPH, CDSS, CDDS, and local health department guidance or health orders, **licensees should follow the strictest requirements**. However, there may be times where a licensee will need to contact their Regional Office for assistance in reconciling these differences, especially if the strictest requirements appear to be in conflict with the best interest of residents.*

A. STATEWIDE WAIVER OF LICENSING STANDARDS FOR VISITATION

[PIN 20-04-CCLD](#) notified all community care licensees that Governor Newsom issued a Proclamation of a State of Emergency (“Proclamation”) on March 4, 2020 in response to a rising number of cases of COVID-19 in California. The Proclamation permits CDSS to waive any provisions of the Health and Safety Code (HSC) or Welfare and Institutions Code (WIC), accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of licensed facilities or homes.

Pursuant to the Governor’s Proclamation, CDSS is waiving certain licensing requirements applicable to licensed facilities without the need for licensees to make an individual request as set forth below. Licensees using the waiver below *do not need prior approval* from CDSS. Use of the waiver is subject to the Waiver Terms and Conditions set forth in this PIN.

Visitation Waiver

Note: SUPERSEDES Visitation Waiver in PIN 20-38-ASC dated October 6, 2020.

Visitation requirements are waived as described below. Visits and communications as described in this waiver shall allow for private and/or confidential communications.

During the time when regular visitation is limited, facilities shall make arrangements for alternative visitation as described below (see *Outdoor Visitation*, *Virtual Visitation*, and *Exceptions to Visitation Waiver* sections below).

General Visitation Requirements for Licensees

For any visitor entering the facility, including essential visitors, regardless of their vaccination status, licensees must:

- Designate a facility staff member to conduct initial screening for [COVID-19 symptoms](#) of all individuals entering facility.
- Require the visitor be screened for fever and COVID-19 symptoms, wear an appropriate [face covering](#), and wash hands or use an alcohol-based hand sanitizer upon entering the facility. Ask visitors if they had COVID-19 symptoms within the last 24 hours and whether anyone in the individual's home has COVID-19 symptoms or tested positive.
- Exclude any visitors showing COVID-19 symptoms and disinfect surfaces that were within six (6) feet of a symptomatic individual. Discard items that cannot be disinfected or have the symptomatic individual take their items with them.
- Require the visitor maintain at least six (6) feet of physical distancing from individuals, including the resident they are visiting, unless the close contact is permitted as specified below in the *Physical Touch* section.

Physical Touch (Indoor and Outdoor Visitation)

- Fully vaccinated visitors of fully vaccinated residents may have close contact (including touch, hugs, assisting with activities of daily living, etc.) while both the visitor and the resident wear a face covering and perform hand hygiene before and after contact.
- A fully vaccinated visitor should present their CDC COVID-19 Vaccination Record Card indicating their name, the product name/manufacturer, and date of dose(s) to the licensee or facility staff at the time of screening.

Indoor and In-Room Visitation

- Licensees should allow indoor visitation, including in-room visitation, at all times and for all residents, regardless of vaccination status of the resident or visitor, where there is at least six (6) feet or more physical distancing, both residents and

visitors wear face coverings, staff screen visitors, and staff clean and disinfect surfaces, except for a few circumstances when indoor visitation should be limited. These circumstances include limiting indoor visitation for:

- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- For residents in isolation or quarantine, licensees should limit indoor in-room visits to essential visits, following appropriate infection prevention guidelines. The licensee should provide and require the visitor wear PPE recommended for facility staff as specified in [PIN 21-12-ASC](#). A visitor of a resident under isolation or quarantine does not need N95 respirator fit testing but should be instructed on how to perform a seal check.

Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is preferred and should be held whenever practicable. At all times when visitation is restricted under this waiver, licensees must allow for scheduled outdoor visits on the facility premises if weather permits and where there is at least six (6) feet or more physical distancing, both residents and visitors wear face coverings, staff screen visitors, and staff clean and disinfect surfaces.

Virtual Visitation

At all times, licensees must allow and provide assistance in arranging for alternative communication for visitors such as phone calls, video calls, and online communications.

Please see *Best Practices for Visitation* section below for additional guidance.

This waiver applies to the right of a person to visitation and the personal right to associate with other persons in care under HSC sections 1512, 1569.269, 1569.313, and 1771.7; California Code of Regulations (CCR), Title 22, Division 6, sections 80072, 81072, 82072, 85072, 87468, 87468.1, 87468.2, and 87872.

Exceptions to Visitation Waiver

This visitation waiver shall not apply to **essential visits**, which shall include the following:

- Medically necessary visits or other urgent health or legal matters that cannot be postponed (e.g., voting, estate planning, advance health care directives, Power of Attorney, transfer of property title, life-altering change in condition or wellbeing if these tasks cannot be accomplished virtually).
- Compassionate care visits including, but not limited to:

- End-of-life
- A resident who was recently admitted to an ASC facility and is struggling with the change in environment and lack of in-person family support
- A resident who is grieving after a friend or family member recently died
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), and is experiencing weight loss or dehydration
- A resident who used to talk and interact with others is experiencing progressive withdrawal, emotional distress, seldom speaking, behavioral decompensation, or crying more frequently
- Visits from social workers who are legally responsible for a resident's care to carry out their duties.
- Visits from CDSS, CDPH, CDDS or local regional center, local health department officials, mental/healthcare providers (e.g., home health and hospice agencies), and essential government authorities needing to enter or conduct investigations at the facility.
- Visits required for reimbursement of Medi-Cal, Medicaid, Drug Medi-Cal State Plan or specialty mental health services. See [Department of Health Care Services \(DHCS\) Mental Health Information Notices](#).
- Visits by service contractors necessary to maintain facility operations.
- Visits mandated by a court order or federal law such as visits by Adult Protective Services or the Long-Term Care Ombudsman.
- Any representative of a resident advocacy program.
- Individuals authorized by federal disability rights laws, such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (e.g., qualified interpreter or someone to facilitate communication).

Exceptions for Continuing Care Retirement Communities (CCRC)

Visitation restrictions pursuant to PIN 21-17-ASC shall only be imposed on an independent CCRC resident when the resident is living with someone who is receiving assisted living services; or when the independent CCRC resident is commingling with residents who receive assisted living services or live in assisted living units by, for example, participating in communal dining or activities or using common facility amenities. See PIN 20-38-ASC for guidance as to when restrictions to independent living residents apply.

Terms and Conditions for Visitation Waiver

Licensees may implement the waiver described in this PIN only on an as-needed basis, in a reasonable manner; protecting the confidentiality of a person's medical diagnosis, treatment, and health care information; and in accordance with any guidance or instructions from CDSS, health care providers, CDDS, CDC, CDPH, and local health departments.

Licenses shall continue to comply with standards that have not been waived in this PIN's statewide waiver or pursuant to a different individual waiver or exception granted by CDSS. **Licenses may continue to request individual waivers for standards not included in the statewide waiver in accordance with [PIN 20-04-CCLD](#).**

Requirements for Ongoing Compliance with Waiver; Rescission or Modification

Continued use of a statewide waiver will be based on each facility's compliance with the following terms and conditions:

1. The licensee shall notify CDSS as soon as possible in writing to their local [Adult and Senior Care Regional Office](#) when a waiver is implemented pursuant to the statewide waiver set forth in this PIN, and facilities shall post this waiver in a public location.
2. A licensee's revised policies that are impacted by the waiver shall be developed in compliance with the most recent CDC, CDSS, CDDS, CDPH, and/or local health department COVID-19 guidance; be readily available for the public's review; and a copy shall be provided to the CDSS Regional Office. The policy must include a justification for the need of a waiver.
3. A licensee must inform the person in care and their responsible party of any revised policy impacted by the waiver.
4. The licensee shall not restrict CDSS, CDDS, CDPH, local health department officials, and healthcare providers, Regional Center staff, Ombudsman, and essential government authorities from entering or conducting investigations at the facility. Facilities should accommodate the use of video conferencing, teleconferencing, or other technology to support oversight that is conducted remotely.

If the licensee is required by other government authorities to restrict visitation beyond those restrictions allowed under this waiver, the licensee should notify its regional office of those requirements.

CDSS may rescind or modify a facility's authorization for use of a waiver based upon new federal, state or local directives or guidance, or if it determines a facility does not meet the terms and conditions of this statewide waiver, or an individual waiver, as applicable.

Effective Dates of Statewide Waiver

The visitation waiver in this PIN shall expire upon the termination of the Proclamation of the State of Emergency, unless otherwise specified by CDSS. Once the waiver expires or is rescinded by CDSS, all licensing requirements shall be reinstated.

B. BEST PRACTICES FOR VISITATION

Licensees should adhere to the following best practices that reduce the risk of COVID-19 transmission during visitation. Visitors should be asked to reschedule their visit if they are unable to adhere to COVID-19 infection prevention and control measures.

- Limit the number of visitors on the facility premises at any one time to avoid having large groups congregate (based on the size of the building and physical space).
- To the extent possible, designate one area to enter the facility and a different area to exit the facility.
- Increase ventilation or circulation of fresh air as much as possible (e.g., open windows, use fans, etc.).
 - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to residents, staff, and visitors using the facility.
- Limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, visitors should keep at least six (6) feet distance from staff and go directly to and from the designated visitation area.
- Encourage shorter indoor visits and longer outdoor visits.
- Add signage at entrances outlining proper face covering usage, visitation guidelines, hand hygiene, specified entries, exits, and routes, and current physical distancing practices in use at the entrance and throughout facility premise.
- Educate visitors on how to monitor themselves for COVID-19 symptoms.
- Designate handwashing stations for visitors or provide alcohol-based hand sanitizer for visitor use.
- Request visitors limit contact with others as much as practicably possible when outside the facility.
- Request visitors be tested as much as practicable.
 - Consider testing visitors if possible, along with the surveillance testing of facility staff. Prioritize testing of visitors that visit regularly (e.g., weekly), although any visitor can be tested. Licensees can encourage visitors to be tested on their own prior to coming to the facility (e.g., within two to three days) with proof of negative test results and date of test.
 - A negative test result prior to or at the time of the visit does not preclude a licensee's responsibility to adhere to infection prevention and control guidelines, including requiring face coverings on visitors and staff and physical distancing, at all times during the visit.
- Record name and contact information for individuals entering the facility for possible contact tracing at a later date.
- Visits for residents who share a room should preferably be conducted in a separate indoor space or with the roommate not present in the room (if possible).

- Clean and disinfect frequently touched surfaces in the facility often and visitation areas after each visit.

C. COMMUNAL DINING, GROUP ACTIVITIES, AND NON-ESSENTIAL SERVICES

Note: SUPERSEDES guidance in the *Communal Dining, Activities, and other Facilities Amenities* section in [PIN 20-38-ASC](#) dated October 6, 2020.

Residents who are not on isolation precautions or quarantine may eat in the same room (including same table) and participate in group activities with physical distancing among residents, appropriate hand hygiene, and face coverings (except when eating or drinking), even for fully vaccinated residents.

Facilities should consider defining groups of residents that consistently participate in communal dining or group activities together to minimize the number of people exposed if one or more of the residents is later identified as COVID-19 positive.

Regardless of their vaccination status, any resident that tested positive for COVID-19 must isolate, and any resident who was exposed to COVID-19 must quarantine to a single room (if available). Residents under isolation or quarantine, regardless of their vaccination status should not participate in communal dining; group activities; or access shared facility amenities or equipment, or non-essential services (e.g., salon and barber services) until:

- They have been cleared by the local health department; or
- They meet the conditions to discontinue isolation or quarantine:
 - Residents who test positive and are symptomatic:
 - At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications **AND**
 - Resolution in respiratory symptoms (e.g., cough and shortness of breath) **AND**
 - At least 10 days have passed since symptoms first appeared.
 - Residents who test positive and are asymptomatic:
 - 10 days from the date of their positive test, as long as they have not subsequently developed symptoms, in which case the symptoms-based criteria for discontinuing isolation should be applied.
 - Residents who were exposed and asymptomatic:
 - They are cleared by the local health department; or
 - At least 14 days have passed since the most recent date of exposure to COVID-19 with or without testing.

D. RESIDENTS RETURNING FROM OUTINGS

Note: SUPERSEDES guidance in the *Reminder Regarding Residents Returning from Outings* section in [PIN 20-42-ASC](#) and [PIN 20-43-ASC-CCR](#).

Residents have the right to leave facilities for outings such as holiday celebrations, private gatherings, or extended or overnight stays with family, etc. Licensees should provide education to residents and their families about the types of activities that are safe. Licensees must screen residents for signs and symptoms of COVID-19 upon their return. The screening should also include asking residents if they:

- Have been in [close contact](#) with someone who tested positive for COVID-19,
- Did not take precautionary measures such as physical distancing and wearing a face covering, and
- Engaged in activities such as gathering indoors in a community with widespread transmission or gathering with more than three households.

If the resident is asymptomatic and had close contact with a person who is positive for COVID-19, regardless of their vaccination status, licensees should quarantine residents returning to the facility from outings for 14 days to a single room (if available). If the resident is asymptomatic and did not have close contact to someone who tested positive for COVID-19, screen the resident daily for symptoms of COVID-19 without requiring they be quarantined.

Additionally, a resident who is asymptomatic, did not have a close contact, physically distanced, wore a face covering, and did not gather indoors or gather with more than three households during their outing should not be required to quarantine. Licensees should continue to screen the resident daily for symptoms of COVID-19.

If any resident begins showing symptoms of COVID-19 upon their return to the facility or while quarantined, regardless of their vaccination status, isolate in a single room (if available) and test the resident. See [PIN 21-12-ASC](#) for additional guidance on resident cohorting.

E. NEW ADMISSIONS

- Testing: All new admissions should be tested prior to moving into the facility as specified in [PIN 20-23-ASC](#) (p. 3).
- Quarantine: In accordance with CDC guidance, new admissions that are fully vaccinated do not need to be quarantined if they have not had close contact with someone with COVID-19 in the prior 14 days. New admissions who are not fully vaccinated should follow the quarantine recommendations in [PIN 21-12-ASC](#) (p.7).

F. ADDITIONAL RESOURCES

The following resources are available online:

- Centers for Disease Control and Prevention (CDC)
 - [Coronavirus Disease 2019](#)
- California Department of Social Services (CDSS)
 - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
 - [All COVID-19 Guidance](#)
- [Local County Health Departments](#)

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

**Provider Information Notice (PIN) Summary for Residents
PIN 21-17-ASC Updated Statewide Waiver Related to Coronavirus Disease 2019
(COVID-19) and Visitation; Communal Dining; Group Activities; Non-Essential
Services; Outings; and New Admissions**

We have prepared this **PIN Summary for Residents** as a companion to **PIN 21-17-ASC** to inform you of guidance we've provided to your care providers concerning your care.

Although currently available COVID-19 vaccines are highly effective in the prevention of severe and symptomatic COVID-19, there is still limited information on how much the vaccines reduce spread of the virus, how long protection lasts, and effectiveness against emerging variants. Until otherwise instructed, fully vaccinated residents and facility staff should continue to wear a face covering, stay at least six (6) feet away from others, avoid crowds and poorly ventilated indoor spaces, cover coughs and sneezes, wash hands often or use an alcohol-based hand sanitizer, and follow guidance for personal protective equipment (PPE) use and COVID-19 testing.

Important! "[Fully vaccinated](#)" means two (2) weeks after receiving the second dose in a 2-dose series, like the Pfizer or Moderna vaccines, or two (2) weeks after a single-dose vaccine, like Johnson & Johnson's Janssen vaccine.

A. VISITATION

General Visitation Requirements for Licensees

For any visitor entering the facility, the licensee of your facility must:

- Designate a facility staff member to screen all individuals entering facility.
- Screen the visitor for fever and COVID-19 symptoms, require they wear a face covering, and require they wash their hands or use an alcohol-based hand sanitizer upon entering in the facility.
- Exclude any visitor showing COVID-19 symptoms.
- Require the visitor stay at least six (6) feet apart from others.

Physical Touch (Indoor and Outdoor Visitation)

- If you and your visitor are fully vaccinated, you may touch, hug, and allow your visitor to assist you with everyday tasks such as eating and getting dressed. You and your visitor still need to wear a face covering and wash your hands or use an alcohol-based hand sanitizer before and after contact.
- If your visitor is fully vaccinated, they should present their COVID-19 Vaccination Record Card to the licensee or facility staff at the time they are screened. The card should show their name, the manufacturer of the COVID-19 vaccine they

received (i.e., Pfizer, Moderna, or Johnson & Johnson), and the date(s) they received the vaccine.

Indoor and In-Room Visitation

- The licensee of your facility should allow you to have indoor visitation at all times, including inside your room, except for a few circumstances. You and your visitor must keep at least six (6) feet apart from each other, unless you are both fully vaccinated. You and your visitor must also wear a face covering. You should not have indoor visitation if any of the following circumstances apply to you:
 - You have a confirmed COVID-19 infection and are under isolation; or
 - You were exposed to COVID-19 and you are under quarantine.
- If you are under isolation or quarantine, you should only have essential visitors inside your room, following appropriate infection prevention guidelines. The licensee of your facility should provide and require the visitor wear an N95 respirator (or facemask if an N95 is not available), eye protection, gown, and gloves.

Outdoor Visitation

- Outdoor visits are safer and preferred. The licensee of your facility must allow for scheduled outdoor visits if weather permits. You and your visitor must keep at least six (6) feet apart from each other, unless you are both fully vaccinated. You and your visitor must also wear a face covering.

Virtual Visitation

- At all times, the licensee of your facility must allow and provide assistance in arranging for alternative communication for visitors such as phone calls, video calls, and online communications.

B. COMMUNAL DINING, GROUP ACTIVITIES, AND NON-ESSENTIAL SERVICES

- If you are not under isolation or quarantine, then you may eat in the same room (including same table) and participate in group activities with other residents. Even if you are fully vaccinated, you should stay at least six (6) feet apart from other residents, perform hand hygiene, and wear a face covering (except when eating or drinking).

C. RESIDENTS RETURNING FROM OUTINGS

- You have the right to leave the facility for outings such as holiday celebrations, private gatherings, or extended or overnight stays with family, etc. The licensee of your facility should screen you for symptoms of COVID-19 when you return.
- You may be quarantined when you return to the facility, even if you are fully vaccinated, if you had close contact with a person who is positive for COVID-19.

- If you did not have a close contact, you stayed at least six (6) feet apart from others, wore a face covering, and did not gather indoors or gather with more than three households during your outing, you should not be required to quarantine when you return to the facility. The licensee of your facility should screen you daily for symptoms of COVID-19.
- If you begin showing symptoms of COVID-19, regardless of your vaccination status, the licensee of your facility should isolate you to a single room (if available) and test you for COVID-19.

D. NEW ADMISSIONS

- Testing: All new admissions should be tested prior to moving into the facility.
- Quarantine: In accordance with CDC guidance, new admissions that are fully vaccinated do not need to be quarantined if they have not had close contact with someone with COVID-19 in the prior 14 days. New admissions who are not fully vaccinated should quarantine.

Your care providers, the licensee of your facility, and your local Long-Term Care [Ombudsman](tel:1-800-510-2020) (call 1-800-510-2020) are available to answer your questions.