

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor


MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

**March 16, 2020**

**MEMORANDUM**

To: Directors of N.C. County Departments of Social Services

From: Megan Lamphere, MSW   
Chief, DHSR Adult Care Licensure Section

RE: Recommendations regarding statutorily required routine monitoring and complaint investigations in adult care homes and family care homes due to COVID-19

**NC Department of Health & Human Services' Recommendations to Directors of County Departments of Social Services Regarding Statutorily Required Routine Monitoring and Complaint Investigations in Adult Care Homes & Family Care Homes Due to COVID-19**

This guidance is for county Departments of Social Services related to conducting routine monitoring visits and complaint investigations in N.C. licensed adult care homes and family care homes mandated by N.C.G.S. 131D-2.11 and 131D-26 during the COVID-19 outbreak.

Many adult care facilities are heeding Governor Cooper's recommendation to restrict visitors (except in end of life cases) and implement strict screening procedures of both visitors and staff. It is important to note that DSS staff functioning in their regulatory role are not visitors and cannot be restricted from entering a facility. The DSS staff should, however, appropriately screen themselves in accordance with guidance provided by their local health departments and take careful measures to self-monitor for any signs and symptoms of respiratory illness or COVID-19, not enter a facility if they are experiencing any signs and symptoms of a respiratory illness or COVID-19, and should cooperate fully with the facility's screening procedures, infection control protocols, and requirements for using personal protective equipment (PPE). In addition, if the DSS staff has been in contact with someone with or under investigation for COVID-19 in the past 14 days, they should be restricted from the facility. If this is the case, the DSS staff should consult with their supervisor or manager for further instruction and reassignment of the investigation.

Departments of Social Services should always consult with their local health department for any questions or concerns related to exposure to or suspected cases of COVID-19 in DSS staff and follow their recommendations.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**ADULT CARE LICENSURE SECTION**

LOCATION: 801 Biggs Drive, Brown Building, Raleigh, NC 27603  
MAILING ADDRESS: 2708 Mail Service Center, Raleigh, NC 27699-2708  
www.ncdhhs.gov/dhstr/ • TEL: 919-855-3765 • FAX: 919-733-9379

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The following is guidance on specific regulatory functions of county DSS's in adult care homes:

### **Suspension of Monitoring Activities**

For the health and safety of residents, NC DHHS recommends that local DSS's temporarily suspend all routine monitoring of adult care homes and family care homes from now through April 6, 2020. At that time, the situation will be carefully reevaluated and routine monitoring will either resume or the suspension will be continued. If the county decides to implement this recommendation, we do not recommend a public announcement of this suspension.

### **Guidance for Complaint Investigations**

At a time when there are fewer visitors in adult care home facilities due to COVID-19, DSS's role in conducting complaint investigations is even more important to ensure the health and safety of residents. N.C.G.S. 131D-26 mandates that investigations of complaints alleging a life-threatening situation be initiated immediately; allegations of abuse of a resident be initiated within 24 hours; allegations of neglect be initiated within 48 hours; and all other allegations be initiated within two weeks.

Despite the challenging circumstances COVID-19 creates, complaints must still be investigated timely in order to protect residents. NC DHHS recommends to DSS's that complaints alleging life-threatening situations, abuse, or neglect be triaged in consultation with the Adult Care Licensure Section and investigated within the mandated timeframes due to the serious nature of those types of complaints. Further guidance on conducting those investigations is set forth below. For all other complaints of a less serious nature and those that do not pose a risk of harm to residents, NC DHHS recommends that these complaints be investigated by offsite desk audit until such time that it is safe to resume normal investigation procedures without posing a health risk to residents or county DSS staff.

The following is guidance on conducting complaint investigations in adult care homes and family care homes:

#### **1. Complaint Investigations of Allegations of a Life-threatening Situation, Abuse or Neglect**

DSS should first do the following:

- Determine whether entry into the facility is necessary to conduct the investigation and, if necessary, develop a strategy to 1) limit unnecessary contact with staff and residents including limiting the number of DSS staff entering the facility, and 2) limit the DSS staff person's movements through the facility.
- Screen DSS staff who will be conducting the investigation in accordance with the guidance from your local health department and require DSS staff to self-monitor, document and report any of their own symptoms of respiratory illness or COVID-19. If any symptoms are present, DSS management should reassign the investigation to another staff person.
- Ensure that DSS staff are fully educated about and practicing good hand hygiene, social distancing, and the use of PPE (such as face masks, gowns, gloves, goggles, and face shields) and have PPE available in the event the facility does not have the ability to provide PPE. Note that in this circumstance, so long as the DSS staff person will not have direct physical contact with the infected resident, a face mask is the most important PPE item needed. If there is anticipated direct physical contact between the resident and the DSS staff person, the other PPE listed should be used.

- Prior to an on-site investigation, contact the local health department to determine if there are any known or suspected cases of COVID-19 or other illness outbreaks (flu, norovirus, etc.) in the facility where the investigation will occur.

### **A. Complaint Investigations at a Facility with No Confirmed or Suspected Cases of COVID-19**

Complaint investigations should be conducted per protocol with the following precautions:

Upon entrance to the facility:

1. **Observe:** Does the facility have a ‘no visitors’ or ‘restricted visitors’ notice posted at the entrance to the facility?
  - If yes, ask designated staff in charge the reason for the signage.
2. **Interview:** Ask designated staff in charge if the facility has one or more residents with symptoms of a respiratory illness and/or COVID-19.
  - If yes, proceed to #3.
  - If no, enter the facility and continue with the complaint investigation. If during the inspection, it is determined that one or more residents with symptoms of COVID-19 are present, proceed to #3.
3. **Interview:** Ask if the facility has reported this outbreak to their local health department?
  - If yes, leave the facility and contact the regional DHSR ACLS Supervisor.
  - If no, proceed to #4.
4. **Instruct:** Tell the facility to immediately notify their local health department of the potential respiratory infection, then leave the facility and contact the regional DHSR ACLS Supervisor.

### **B. Complaint Investigations at a Facility with Confirmed or Suspected Cases of COVID-19**

For complaints with allegations of *an urgent* life-threatening situation, serious abuse and/or neglect in a facility where there is a confirmed or suspected case of COVID-19 or other illness outbreak (flu, norovirus, etc.), contact the regional DHSR ACLS Supervisor to discuss the details of the complaint and status of the facility. The investigation may require an onsite visit and will be handled on a case by case basis in close coordination with local public health officials.

Prior to contacting the ACLS Regional Supervisor, gather the following information from the facility:

*Questions:*

Reach out to the facility administrator or manager in charge by phone and ask the following questions:

1. Has the outbreak been reported to their local health department?
  - If yes: Is the local health department providing guidance to the facility? What is the guidance? Ask how the facility is implementing the health department’s directive.
  - If no: Tell the facility to immediately notify their local health department.
2. Have all critically ill residents been sent out to the hospital?

3. Ask the facility to describe the outbreak (how many known/suspected cases, when were the cases detected, actions taken to date, etc.) and the facility's ability to isolate any residents with confirmed or suspected cases of COVID-19 and the facility's ability to quarantine any residents with close contact with others with confirmed or suspected cases of COVID-19.
4. Does the facility have any immediate concerns, i.e. staff shortages, medication shortages, food shortages?

### **While Inside Facilities for Complaint Investigations**

When entering facilities, DSS staff should:

- Practice social distancing (do not touch residents/staff and remain at least 6 feet away as much as possible).
- Limit touching surfaces, especially in resident care areas.
- Do not enter into the rooms of residents who are isolated/quarantined unless absolutely necessary and using the proper PPE.
- Perform frequent hand hygiene using soap and water or an 60% alcohol-based hand sanitizer.
- If you sneeze or cough, do so in your elbow or in a tissue. If in a tissue, immediately dispose of the tissue and perform hand hygiene.
- Note/document where in the facility you travel in the event either you or a staff/resident within the facility are determined to be positive for COVID-19.
- Know when the use of PPE is advised and use it effectively in accordance with CDC guidance.
- Should you begin to feel ill while inside a facility, you should don a facemask and exit the facility without coming into physical contact with staff or residents and immediately communicate this development with your supervisor.

### **Resources**

#### **NC DHHS Resources:**

- NCDHHS COVID-19 Website: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>
- NCDHHS COVID-19 Resources for Long Term Care Facilities: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-long-term>

#### **CDC Resources:**

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
- Check the following link regularly for critical updates, such as updates to guidance for using PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.

Recommendations to DSS Directors (COVID-19)  
March 16, 2020

Thank you in advance for your cooperation and your efforts to ensure the health and safety of the residents in North Carolina adult care homes and family care homes. As the situation evolves, we will be communicating any changes and important information to you as needed.

If you have any questions or concerns, please feel free to reach out to me via email at [Megan.Lamphere@dhhs.nc.gov](mailto:Megan.Lamphere@dhhs.nc.gov) and I will contact you promptly.