

SOQ Process for Addressing COVID-19

A Quick Overview

This is the process Safety, Oversight & Quality (SOQ) follows when dealing with COVID-19:

1. **Facility notifies** respective program staff via email or phone if they have residents or staff with suspected or confirmed COVID-19.
2. **SOQ Operations Policy Analyst (OPA)** contacts facility to obtain information, including the following questions:
 - ❖ What is the current facility census?
 - ❖ What is the number of **residents**:
 - Suspected of having COVID-19?
 - Confirmed to be COVID-19 positive?
 - Currently in the hospital or another external setting and suspected or confirmed of having COVID-19?
 - Has your facility experienced any resident fatalities due to COVID-19?
 - ❖ What is the number of **staff**:
 - Suspected of having COVID-19?
 - Confirmed to be COVID-19 positive?
 - When was the staff person last in the facility?
 - Did the staff person have symptoms while in the facility?
 - What job duties did the staff carry out?
 - Has your facility experienced any staff fatalities due to COVID-19?
 - Has the facility implemented/have a plan to implement the 72 hour testing requirement?
3. **The OPA informs other parties**
 - ❖ The OPA informs the CAC, who prepares an Executive Order (EO).
 - ❖ When there are cases of confirmed COVID-19, the OPA will inform the appropriate LPHA – Although per Rule, the facility should have notified LPHA as well.
4. **An Executive Order (EO) is issued**
 - ❖ An Executive Order is imposed on any facility that has residents or staff with suspected or confirmed COVID-19 cases.

❖ The documentation is prepared by the CAC, including placing the EO on the public GIS map; [Current Map of COVID-19 Executive Orders](#)

5. **An Executive Order** outlines terms the facility must adhere to, which may include but is not limited to the following:
 - Limit admissions and readmissions unless written approval obtained from OPA or SOQ leadership,
 - Restrict visitation,
 - Restrict all congregate activities and events,
 - Provide infection control training for all staff,
 - Relocate resident(s) to private room if available,
 - Cohort and isolate residents, as appropriate, according to COVID-19 status, and
 - Report any changes in COVID-19 status immediately any time a resident's COVID-19 status changes.
6. **SOQ communicates with the Local Public Health Office** as needed to gather or share information and work collaboratively on a strategy for the building. Regular, ongoing meetings between SOQ and LPHA may be established as needed, including other attendees as necessary, such as facility representatives.
7. **In any facility with one or more confirmed cases of COVID-19**, SOQ survey staff will begin visitations to the building to perform infection control reviews, offer guidance and technical assistance to staff, and monitor compliance with any/all recommendations. Based on the level of risk determined by surveyors, SOQ, OHA, LPHA or others, more frequent visitation may be scheduled. Likewise, visits may be conducted less than weekly as facilities stabilize.
8. **If SOQ determines significant risk may be present** due to Infection Control practices, or limitations within the facility preventing appropriate cohorting or other infection control protocols, we may contact OHA to request an infection control consult. SOQ will work collaboratively with OHA to complete an IC Evaluation, and SOQ surveyors will provide ongoing monitoring and technical assistance as the facility works to meet all recommendations.
9. If at any time a facility is found to have serious Infection Control rule violations, or consistently fails to comply with guidance or recommendations, SOQ may impose additional sanctions, including but not limited to Civil Penalties and Conditions on the license.

SOQ Contact Information:

Local Public Health offices or others may wish to contact SOQ with information, questions, or new facility cases. The email addresses below are monitored daily, throughout the day, and your message will be triaged to the appropriate person:

Nursing Facility Program: NFLicensing@dhsosha.state.or.us

Community Based Care Program: CBC.Team@dhsosha.state.or.us

Adult Foster Homes: APD.AFHteam@state.or.us

General info or unsure of program: SOQ.LTCInfo@dhsosha.state.or.us

The Role of SOQ:

Safety, Oversight & Quality is an office within the Aging & People with Disabilities program of DHS. We license and regulate nursing facilities (NF), residential care facilities (RCF), assisted living facilities (ALF) adult foster homes (AFH) and register Long Term Care Referral Agents. Specifically, we:

License facilities to operate (exception) – AFHs are licensed by other state and county licensors)

Provide technical assistance – address individual questions, provide written updates and notifications, and provide online news updates

Regulate facilities – issue citations against facilities for failure to meet regulatory requirements

Conduct surveys – visit facilities regularly to inspect operations, cite violations of regulation, and work with facility to correct deficiencies

SOQ's Organizational Structure:

We are organized into three programs: Nursing Facility program, the Community Based Care program (works with RCFs and ALFs), and the Adult Foster Home program. These programs include the following staff:

Operations and Policy Analysts (OPAs) – initial point of contact for facilities; provide direct guidance to facilities; develop new policy

Corrective Action Coordinators (CACs) – process citations and fines; enter data concerning facility regulatory issues into data systems

Surveyors – conduct regular surveys of all facilities for quality assurance

Licensing Complaint Unit (LCU) – respond to complaints concerning facilities; provide on-site technical assistance to facilities; support surveyors