



Frequently Asked Questions (FAQs) on Managing New Admissions and Readmissions for Maryland Nursing Homes

The following document is intended to assist nursing homes and local health departments with the interpretation of the requirements for managing new admissions and readmissions for Maryland Nursing Homes during the COVID-19 pandemic. Depending on the level of care and services provided in an assisted living facility, this document could also assist assisted living facilities with the management of newly admitted and readmitted residents. This document contains frequently asked questions meant to clarify guidance and requirements from the April 29th [Amended Secretary's Order and Directive on Nursing Home Matters](#) and the [CDC's Considerations for New Admissions or Readmissions to Nursing Homes](#).

1. When must a resident be admitted to observation?

All new admissions and readmissions returning after an overnight stay away from the facility must be admitted on observation for 14 days using contact and droplet precautions while monitoring the resident for signs and symptoms of COVID-19. For the purposes of this guidance, we define "overnight" as 24 hours or longer.

2. Where can a newly admitted or readmitted resident be placed in the facility?

The resident should be placed in a single-person room (without a roommate), ideally in a separate observation area (i.e. a separate unit, floor, or wing of the facility) where all residents will be monitored and isolated on contact and droplet precautions for 14 days. If a separate observation area is not available, a resident may be isolated to a single-person room anywhere within the facility, using contact and droplet precautions.

3. If a facility does not have a single-person room available on the COVID-19 observation/quarantine unit, where can a re-admitted resident be placed?

If a facility does not have an open single-person room on the observation unit available for the readmission of a resident, options for their placement might include a shared room with another resident on the observation unit or a private room on a general population unit. Facilities are encouraged to keep a single-person room available on the observation unit when expecting residents to return to the facility for readmission.

When determining the best place for re-admitting a resident, facilities should consider the following factors:

- If a single-person room on the observation unit is unavailable for the readmission of a resident, can the facility pair two residents who have already been on observation the longest to create a private bed in the observation unit for the readmission?
- Is the facility currently cohorting staff on the observation unit? While cohorting staff on the observation unit is ideal, if this is not possible, then a facility might consider placing a resident in a private room in the general population instead of placing them together in a room with another resident on the observation unit. If this option is pursued, the resident should be placed in a private room as far away from other residents as possible, and all guidance* that would otherwise be followed on the observation unit should be used for this resident.
- If placement in a private room on a general population unit is being considered, is the needed PPE readily available to provide care to the readmitted resident outside of the observation unit? Have staff been recently re-educated about the proper PPE to use?

New admissions to nursing homes should only be admitted to private rooms on the observation unit. If no private rooms are available on the observation unit, then new patients should not be admitted to the facility unless they are COVID-positive and are being admitted to the COVID-positive unit or they have recovered from COVID-19 in the last 90 days and have met criteria for discontinuation of Transmission-Based Precautions, in which case they can be admitted to an available room in the general population.

*Please see "[Preparing for and Responding to COVID-19 in Nursing Homes and Assisted Living Facilities](#)" for additional information about proper infection control practices in these settings, including information about appropriate PPE use, staff cohorting, and room restrictions for residents.

4. Can we remove the resident from observation after a negative test for COVID-19?

No. Admissions to observation are not impacted by any number of negative tests prior to or during admission.

5. Does a resident with laboratory-confirmed COVID-19 have to be admitted to observation?

No. Newly admitted or readmitted residents with laboratory-confirmed COVID-19 who have not met the criteria to discontinue transmission based precautions must be admitted to the COVID-19 unit.

6. If a resident has recently recovered from COVID-19, do they have to be admitted to observation?

Newly admitted or readmitted residents with laboratory-confirmed COVID-19 who have met the criteria to discontinue transmission-based precautions within the last 90 days prior to admission may be placed in a regular unit. If the admission occurs >90 days after the discontinuation of transmission-based precautions for COVID-19, then the resident should be admitted to observation.

7. If a resident is returning from a same day appointment, are they required to be admitted to observation upon their return?

Residents returning to the facility after a same day leave of absence are not required to be admitted to observation upon their return but should be screened upon re-entry for signs and symptoms of COVID-19, including temperature checks. Residents who screen positive upon re-entry must be placed on observation and tested for COVID-19. When possible, facilities are encouraged to send someone with residents to medical appointments to ensure compliance with prevention and control of COVID-19.