Dear Members,

Yesterday we sent you the EOEA and EOHHS updates on visitation and National Guard testing. We followed up with EOEA regarding the section of the visitation guidance regarding communal dining and group activities. The EOEA visitation guidance from 6/1 states:

“All ALRs should continue to suspend communal dining, as well as internal and external group activities.”

In correspondence with Mass-ALA, EOEA has confirmed that the 3/24 Revised FAQ issued by EOEA currently remains in place, except as to the visitors/access section which was revised in the 6/1 guidance. That means that the following flexibilities from the 3/24 FAQs still apply to ALRs with regard to communal dining and internal and external group activities. Those flexibilities are:

“V. MEALS Question: Is there an alternative to delivering meals to units given insufficient staffing? Response: Residents who request or require delivery of meals to their units cannot be refused this service. In this time of a public health emergency, please consider waiving the meal delivery fee if existing contracts charge such a fee. Also, consider staggered mealtime delivery to ease staffing schedules, and please remember that each delivery is also an opportunity to check on a Resident’s wellbeing. Communal dining is allowed for Residents who are not able to eat safely alone or who need cueing to eat. Follow surface hygiene, hand hygiene, and social distancing protocols between Residents. If the Resident Community prefers that the ALR maintain communal dining, then please follow surface hygiene, hand hygiene, and social distancing protocols between Residents. Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

VI. GROUP ACTIVITIES Question: How can we combat the negative physical and psychological consequences of extended periods of isolation? Response: Allow small, limited group activities and follow surface hygiene, hand hygiene, and social distancing protocols. Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved. ALRs should use technology as creatively as possible to provide virtual activities within the community, if possible.”

We will continue to advocate for appropriate guidelines and reopening of
assisted living residences in cooperation with state officials. This will include our participation on a reopening working group convened by the state with respect to the long-term care continuum, which will begin meeting this Friday.

Brian Doherty  
*President & CEO*

*Please contact us if you have any questions at, MassALA@mass-ala.org*

*The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*