



Know Your Rights

COVID-19 Resident Rights: True or False

1. Facility staff must wear masks while providing care.

True: DHS is requiring all caregivers to wear masks while providing care. While, N95 masks are the best and much preferred - if the facility doesn't have them in stock, they must wear other masks - even cloth.

2. Facilities must provide masks for residents to wear.

False: DHS is not requiring that facilities provide masks for residents, however if they have enough available in their PPE supplies, they should give them to residents for use.

3. Residents may not leave the facility to go into the community, e.g., the store, outside to smoke, down the street to the dispensary, etc.

False: a. Counties are now in various phases of reopening. Please continue to follow public health guidance to stay safe, healthy and protect your fellow residents and staff. However, residents, like anyone else may leave. When talking with residents who ask about this right, first help with education and explain why it's important to stay in as much as possible. Then, offer to assist with developing a resident specific COVID-19 safety plan with the facility that may include shopping trips for the resident performed by the facility, facility help with visiting friends and family by phone, video chat or through a window, or even supported visitation outside the facility while wearing a mask and maintaining social distance.

b. DHS states that, "Facilities shall discontinue community outings. Facilities shall provide guidance and education to residents who independently engage in community outings. But MAY NOT prevent residents from embarking on those outings."

4. Facilities may quarantine (restrict residents to their rooms) if they leave the facility to visit with friends or family.

False. Although we have regular reports that facilities are publishing letters to residents threatening “quarantine” if they leave, this is not a permissible practice. If you receive a complaint from a resident on this item, please consult our office so we can assist in communications with the facility and engage DHS as needed.

5. There is a state-wide moratorium on evictions:

True. a. The devil is in the details: Gov. Kate Brown issued an executive order March 22 ([Governor's Order](#)) temporarily halting residential evictions for nonpayment during the public health crisis caused by the COVID-19 pandemic. The order is active for 90-days. This means **evictions for reasons other than non-payment may be attempted**. DHS licensing has stated they are not offering informal conferences, but staff and volunteers in our office may be able to arrange a similar process without involvement of DHS.

b. Multnomah County has a 6-month grace period for residents to pay their rent: <https://assets.documentcloud.org/documents/6840829/April-16-Multnomah-County-Ordinance.pdf>

6. Facilities may issue involuntary Move Out Notices (MONs) to residents who engage in behavior that increases the risk the resident will bring COVID-19 into the facility.

True. Facilities may issue MONs for reasons other than non-payment. DHS has stated they are applying additional scrutiny to MONs during the pandemic. DHS licensing has also indicated they are not providing informal conferences. Multnomah County Sherriff’s Dept. has stated to Legal Aid Services they are not enforcing orders of Forcible Entry and Detainer (FEDs); which means even if a MON is upheld and the facility has an ALJ order, if the resident refuses to leave, there is no mechanism by which the facility can force them to leave.

7. Residents may visit with friends and family if they meet family outside the facility.

True. Many people outside facilities are visiting with friends and family while socially distancing and wearing masks. Residents may do this as well. This is

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another opportunity for facilities to help residents increase safety if they engage in behavior that poses increased risk of COVID-19 spread. Remember, education for residents is key. They should understand the “Stay Home, Save Lives” order is in effect but it’s up to each citizen to follow the order. When communicating with residents, explain how and why you personally are following the order. Ask facility leadership about their expectations of how staff behave outside the workplace. Work to develop a COVID-19 plan that the resident can live with.

8. Residents may not go to doctor’s appointments.

False. DHS that states, “Facilities must continue to accommodate medical visits, regardless of whether such visits are routine, preventive or critical,” ([second to last paragraph, page 4](#)).

9. Families may visit residents who are on hospice despite the restrictions on visitation.

True. Friends or family members may visit during “end-of-life” stages. If there is a question or dispute about what constitutes “end of life,” contact our office for assistance. DHS has indicated the resident’s physician and hospice team will most often be the decisionmaker.

10. Facilities may not run group activities or congregate meals during COVID-19 restrictions currently in place.

True. Facilities should be finding creative ways to help residents pass the time, cope with the restrictions, stay in touch with friends and family (by phone, video chat or visits outside the facility, where social distancing and wearing of masks are observed, or visits through a window).

11. APS is still going into facilities to conduct abuse investigations:

False. a. While APS and DHS Licensing staff are deemed essential visitors, APS staff report, that like deputy ombudsmen, their supervisors are only allowing them to enter long-term care facilities in situations that impose an immediate danger to residents and only where the facility can provide PPE to the investigator. The same is true for the DHS NFSU that investigates complaints of abuse in NF. There is great fear that more visitors, even essential

ones, could introduce COVID-19 into the buildings - everyone wants to balance that risk with keeping people safe and free from abuse.

b. Relatedly, Medicaid case managers are not on the list of essential visitors and are not making in person visits to facilities. However, they are required to be in contact with consumers via phone or other indirect contacts.



STAY HOME. SAVE LIVES.

Tips for working with residents who present an elevated risk of COVID-19 exposure because they are not following the governor's "Stay Home, Save Lives" order and other public health guidelines:

- Emphasize service planning and education for residents when working with facility staff.
- Start communications w/ facility staff by being empathetic to health and safety concerns and acknowledging that facility leadership are in a complicated situation.
- When residents refuse to follow health/safety guidelines and education has been provided, work with resident and facility on strategies to increase safety as the resident is able to tolerate.
- If addiction, mental health or dementia are a root cause of risky behavior, contact our office for additional advice.

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