

#	Question	Answer(s)
1	Our LHD just sent us an email yesterday that they will no longer be having the courier	
2	On Visitation: Visits no longer need to be supervised as they were supposed to be before?	<p>CMS QSO Memo 20-39-NH doesn't specifically address the supervision of all visits. The Memo does give indication that the nursing home requires oversight over visitation. Visitors who are unable to adhere to the core principles of COVID-10 infection prevention should not be permitted to visit or should be asked to leave. In order to ensure the core principles are being followed, the facility would need some type of supervisor although the supervisor based on the resident's individual needs and privacy for the resident as well as the visitor's ability to abide by the core principles.</p>
3	So since we are relaxing visitation into the facility, do residents who go out of the facility for doctors appointments still need to isolate for 14 days?	

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4	Will we be fined if we do not allow youth under age 19 yrs. to enter our building with the new visitor regulations?	CMS QSO Memo 20-39-NH doesn't give any specific guidance about youth under 19 years of age. The guidance speaks to the need to allow visitation following the Core Principles which includes being able to utilize appropriate PPE, following social distancing guidelines and able to appropriately follow hand hygiene guidelines. CMS was clear to the SA that nursing homes needed to follow this Memo.

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5	What about if we are under a staffing contingency? Making it difficult to supervise visits.	<p>CMS QSO Memo 20-39-NH doesn't specifically address the supervision of all visits. The Memo does give indication that the nursing home requires oversight over visitation. Visitors who are unable to adhere to the core principles of COVID-10 infection prevention should not be permitted to visit or should be asked to leave. In order to ensure the core principles are being followed, the facility would need some type of supervisor although the supervisor based on the resident's individual needs and privacy for the resident as well as the visitor's ability to abide by the core principles.</p>
6	For Assisted Livings, should we follow the guides from CMS to be in compliance with DHHS	<p>The CMS Memo is only required to be followed by nursing homes. ALFs can choose to use the same guidance if they are able to adhere to the Core principles.</p>
7	CMS county % - if the % has changed (gone up) and per the % should be in red but the shade is still yellow do we go with the yellow shading or the % number?	

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8	Will there be any changes with the testing requirements, this is a vicious cycle that just does not stop, the tests are 7,000 dollars per week for our facility and there is only 15 cases in our county, this is just plain ridiculous. The percentage being based on the number of tests performed in the area is just not acceptable. I hate to shoot the messengers but this is absolutely not logical.	
9	What is the guidance or standards relating to pets coming into facilities	There is no restriction on pet visitation. Dr. Ashraf helped answer this question on the 9/25/20 meeting. The pet would not be able to wander around the facility. The pet would need to go directly to the person being visited and stay with that person. In order to meet the regulatory requirements for pets, the facility would need to ensure the pet is up to date on vaccinations.
10	If the CMS guidance on visitation is going to trump the state's visitation, what does that mean for the phasing guidance?	Visitation is the only part of the phasing guidance that is affected by the CMS QSO 20-39-NH Memo. No other changes are expected at this time to the phasing guidance.
11	If we have a COVID positive resident, do we expect a full survey with a infection control survey?	
12	Does the baseline testing still play into affect with the new guidance on visitation?	

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13	speaking of surveys, will the facility still get an email when their SOD is ready or will it just be posted on the ASPEN system?	If the nursing home is using the ePOC system then the ePOC system will generate an letting you know there is information to be reviewed in the ePOC system. If the facility is an ALF, the ALF will receive an email to their generic email box with the deficiency statement and instruction on how to complete the POC.
14	My concern is that DHHS give latitude to nursing homes and not write citations to facilities when we try to meet the new visitation requirements and we end up with a visitor that tests positive within 48 hours and ultimately moves our facility into outbreak testing as a result. Nebraska is seeing more positive cases than in the beginning of this outbreak and we all have concerns about negative outcomes and CMP's. I feel like we are being put in the middle of an impossible situation.	
15	How often do assisted living staff need to be tested?	
16	Is there any discussion on how the positivity rating is figured in a rural community? It is my understanding due to the lower number of tests performed per county census the positivity rating might be a bit skewed on the high side. Thoughts?	
17	For large facilities when there is a positive staff do we need to test ALL staff and residents or can we test the affected units and or buildings.	
18	Where can we find these guidelines?	It is in CMS' QSO-20-39-NH: <a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a>

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19	What are AL facilities supposed to do if there is an outbreak re: phases and how many positives are considered an outbreak? We are currently in phase 3 but have had positive cases now.	
21	Are we allowed to have more than one visitor inside the facility per resident? Or just one at a time?	
22	What do you recommend we do when we have been requesting an update on pending test results from Angela Ling and still have not heard back. We have 36 test results with Test NE, pending that date back to 9-9, 9-10, and 9-15. Well beyond 14 days for a turnaround.	
23	Clarification on the employee testing requirements - if a facility is over 10% positivity in their county but the county is listed in the yellow are we testing weekly or twice a week?	They are requesting guidance from CMS on this. The memo says rate. Our national association said color...confusing
24	Can you clarify how to determine what routine testing you should be doing each week. Do we go off of the positivity rate from two weeks before, the current week? Very confusing, as it can be constantly changing rates.	
25	If the CMS memo is overriding what we, as a facility or the State, has deemed how we are going to move forward, to reopen to visitors; does this mean that the phasing that we were working from is no longer in effect?	Visitation is the only part of the phasing guidance that is affected by the CMS QSO 20-39-NH Memo. No other changes are expected at this time to the phasing guidance.
26	We had a staff member test positive for Covid last Tuesday. We had to put our facility in the yellow zone. Are the residents providers able to still come in to make medical visits if appropriate PPE is applied? How long do residents have to be quarantined to their room? We have done one round of testing of staff and residents and all were negative.	
27	On the percentage numbers to determine if we can have visitors in the low/medium where do we find those numbers?	

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28	So in essence if we put in our process that we will specify number of visitors and appointments like we have been. We identify fairness. Also staffing should still be considered I would think?	
29	Will we still use visitation phases now or are those eliminated with the new CMS guidance tied to county prevalence?	
30	Our Residents are crying to play dominos at a table with 4-6 residents. They can not be 6' apart. We are a new facility. The residents and staff have worn masks and not been allowed to leave except for medical appointments since April. We can wipe the tiles before and after. The residents can use hand sanitizer to start and end.	can you do barriers between the residents? that can be permissible
31	Are we still not allowing pets?	There is no restriction on pet visitation. Dr. Ashraf helped answer this question on the 9/25/20 meeting. The pet would not be able to wander around the facility. The pet would need to go directly to the person being visited and stay with that person. In order to meet the regulatory requirements for pets, the facility would need to ensure the pet is up to date on vaccinations.
32	How do we document positive POC test results that are not yet confirmed with a PCR test in an asymptomatic person? Do we wait to document it until we have the confirmation? My understanding is that we do not report it on NHSN until we have the confirmation PCR so I assume it would be the same for your excel document but would like clarification.	

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33	So does it sound like in assisted living esp that our residents can start coming and going without having to be entered into a gray zone	
34	We understand that we need to follow the most strict guidance between state and federal guidance. Does the CMS QSO which instructs visitation take priority over the states phasing guidance? It would seem that restricting visitation in early phasing status is more stringent than allowing visitation?? Based on this discussion, are we to follow CMS and move away from the phasing process?	They shared that the CMS memo would take priority
35	<a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a>	
36	Did we answer the question about pets	
37	WE have not seen this Core Principal doc	It is in CMS' QSO-20-39-NH, and applies to nursing facilities: <a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a>
38	So no more plexi glass barriers, etc.	
39	With the opening of visitors, are we able to do testing with the antigen tests on visitors or is that not recommended?	
40	Visitors could have COVID too!	
41	What about the time we took putting together our Phasing Guidance. What are we suppose to do with that now?	Visitation is the only part of the phasing guidance that is affected by the CMS QSO 20-39-NH Memo. No other changes are expected at this time to the phasing guidance.
42	Does the visitation rule accomodate the required 7 day transition period between phase 2 and 3?	

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43	So is Nebraska's Phasing guidance no longer applicable at all???	Visitation is the only part of the phasing guidance that is affected by the CMS QSO 20-39-NH Memo. No other changes are expected at this time to the phasing guidance.
44	When doing indoor visits do you need to still be aware of airflow when there are limited areas to conduct indoor visits. If res and visitor are both screened how concerning is it for visitors to come into close proximity of other res they are not there visiting.	
45	So phasing is still in play, just not the testing piece? The practice was changed of routine doctor visits was changed last week. but back to testing, Phasing requires testing weekly to move to Phase II and III. This is WAY to cumbersome and confusing. PLEASE consolidate the whole thing to match. This is very hard for the facilities all of the way through.	
46	How does staffing deficiency effect visits per CMS new memo?	
47	Our county is yellow, but our positivity rates have increased the last 2 weeks and we are very close to being over 10%. We are hesitant to have visitation with the rates climbing. Our we okay in postponing visits because of the increase in our rates?	
48	So what is assisted living supposed to do for visitors, the skilled are allowed to have visitors but we cant?	
49	Isn't allowing visitors part of Phase Three? When you are in phase 3, it only states 'observe and monitor' when residents go out. Is this isolation for 14 days?	
50	Do the newest CMS guidance on visitation apply to assisted livings?	CMS QSO 20-39-NH guidance applies to nursing homes only.

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51	Please repeat the info on pets?	There is no restriction on pet visitation. Dr. Ashraf helped answer this question on the 9/25/20 meeting. The pet would not be able to wander around the facility. The pet would need to go directly to the person being visited and stay with that person. In order to meet the regulatory requirements for pets, the facility would need to ensure the pet is up to date on vaccinations.
52	Who can do the BinaxNow testing. RN, LPN, Med aide, Admin?	
53	How about ALF Residents driving away from the building? They have not driven since March 10th. Is this allowed?	
54	Also Visitations such as can the ALF resident go with family for a drive in or around town. OK??	
55	The QSO also discusses allowing HC providers into the facility following the core principles as well as allowing communal dining and activities. Do we follow that guidance as well even though we are in phase 1 and the new guidance seems to be more closely aligned to phase 3?	
56	Our LTC facility received the Abbot testing as well as the Quidel Sophia . Should this have gone to our AL or is the LTC also receiving the Abbott?	
57	If you use the Bionex card for testing are you required to use the NAVICA app & the Administrator App?	
58	On top of the positivity chart it clearly states to follow the color. rural america is getting a break.	

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59	My facility is at 13.9% and in YELLOW	
60	I thought we could go by our local numbers. This changed again? Clarify please.	
61	Another state call I was on said to use the color too	
62	So my understanding is that AL's even though not federally mandated are expected to follow QSO-20-39-NH. Correct?	
63	Please go to the test positivity form by CMS and it states this on the top of the form for the nation.	
64	Can you please address pets during vistration again. Thanks	
65	The QSO also addresses communal dining and activities, so does the QSO supersede the state's phasing guidance as well?	
66	what steps will DHHS be taking to better communicate with facilities? lots of calls and emails to Connie go unanswered	
67	The color/% instructions are detailed at the top of the CDC excel positivity report, which explains the methodology. It states: "additional criteria were added to re-assign counties with low testing volume to lower nursing home staff testing tiers (i.e., communities with low levels of testing and high test positivity (>10%) are reassigned to either yellow or green testing tiers)." Hope this helps.	
68	any update on the automated screening technology? can we use these products?	
69	If we have supplies to test 80 individuals but we have 130 staff and residents that need tested, who should we prioritize? I would think prioritize staff as they are out and about vs. residents who are still not going out much.	
70	Getting calls from mutiple families that state "If Nebraska can have football, why can't I hug my mom"? How does DHHS suggest we respond to families that are tired of hearing we are abiding by CDC guidance?	
72	It's not right to do an annual survey and site for 15 minor tags on top of all this covid stuff.....we need help not punishment	

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73	It states that if a new admision is positive it will not trigger a survey.....can you define what consitiutes a new admssion. Is there a timeframe from the time they admit?	
74	CMS Test Positivity Classification's:Counties with test percent positivity <5.0% or with <20 tests in past 14 days: Green; test percent positivity 5.0%-10.0% or with <500 tests and <2000 tests/100k and >10% positivity over 14 days: Yellow; >10.0% and not meeting the criteria for "Green" or "Yellow": Red. Test positivity is rounded to the nearest tenth of a percent before classifying.	
75	Can we use the POC tests to test visitors prior to the visit?	
76	Do we need to keep a log of visitors coming to visit their loved ones. We keep a detailed screening log for employees. We do keep a log of visitors, but would like to go to a questionnaire with no recored keeping. We would like to screen like the hospital does. For example we ask all the screening questions but do not keep a log?	
77	The inital IC surveys seemed punitive as facilities were cited for DHHS "interpretation" of regulations and not on outcomes. For example staff self screening, nowhere do the regulations say staff cannot screen themselves, however facilities recieved citations for allowing self screening even with no negative outcomes. I realize that this has been dialed back some however for those facilities that have already received a F880 tag because of this we now face a repeat F880 and CMP's, that is alot of pressure. As facilities we need to know we are in this together with DHHS and we are all trying our best to comply in an impossible situation. I feel like our guidance has not come out as quickly as our regulations.	
78	For outbreak testing the CDC guidelines state "if viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (eg on the same unit or floor of a new confirmed case or cared for by infected HCP)"	
79	Do we have to order testing supplies on our own? Or is it acceptable to only utilize the tests that are supplied by CMS	

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80	Any financial relief available for POC testing? The testing supplies can quickly add up to \$10,000 or more a month for routine testing	
81	If a state surveyor comes to your facility and you have rapid testing available, can we request that they be tested prior to allowing them in the building?	
82	In the instance when a facility has one employee that does not have contact with any residents but that tests positive and initiates outbreak testing, can there be some consideration to testing all residents and staff initially but then subsequently only testing staff if all the initial results were negative. I feel we are doing an injustice to our residents putting them through the subsequent testing when the likelihood of an exposure was minimal to begin with and there are no symptomatic residents or staff.	
83	Do assisted livings need to do the CLIA paperwork to get the POC machine?	
84	The launch date is unfair as 2 wks from when you get results could be 5 plus days after testing	
85	CMS is now reporting results on a weekly basis and expects us to look and adjust on a weekly basis for testing next week based on an update from yesterday. The results are now going to be based on the results of the last 14 days.	
86	Just want to clarify on staff testing. Nursing Home and Assisted Living facilities that are attached. Assisted Living staff are not tested at this time even if they work closely with dietary, maintenance, housekeeping staff that work both areas?	
87	Does the positivity rate equation change for each week or does it go back to March? Family asking and will Assisted Living facilities receive the testing cards even if we are attached to a nursing home? How do they determine how many tests they send?	
88	Plexiglass stillis for NH only????	

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89	CMP FUnds for AL?	The CMP funds come from penalties paid by nursing facilities, so can only be used for purposes related to nursing facilities (federal requirement)
90	How do we apply for CMP funds to assist with visitation?	
91	Does one need the Plexiglas if the visitors and residents are 6 foot plus apart? For example, if the tables are 6 foot and the visitor and residents are wearing masks, do we need to use the Plexiglas?	
92	So plexiglass is still important, but visitors are fine to go to resident rooms if screened/masked/hand washing? I'm worried for providers trying our honest best to comply while providing safety- and the contradictory nature of the visitor guidance making surveying very challenging for the survey team.	
93	have you heard about breakouts following out of state surveys?	
94	When we do our required surveillance(sp?) testing, do we have to report it to NHSN even if negative? or just the positive ones?	
95	Just had our fire marshal in for a POC follow-up and she has informed us the she will not allow a facility to have paper bags used to store masks hanging on a hook on a wall in a corridor or area without a self closing door - states the bags are considered combustible material. Any recommendations on how me might handle this so our staff can put their masks on in a non-resident care area?	
96	Are we allowed to limit timeframes to 30 mins and 2 visitors per week?	
97	so over 10% positivity is compassionate care only	
98	no outdoor visits at all?	

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99	Why does a decision like testing surveyors require further higher guidance. Seems like a decision like this and the many decisions made by local officials has been done many times. There is great disgruntlement on this issue when all other people are required who routinely enter facilities. How hard of a decision is this...seems clear. We want them tested.	
100	What about the touching clause of the guidance?	
101	So that was not clear to me. If we are above 10% can we allow outside visits????	
102	But what if you do not have enough staffing to superviise during that time due to the covid situaiton. Outside visists may be difficult also.	
103	We are working with public health and ICAP sometimes the recommendations we get licensure will disagree with during a survey. If we document the recommendation and put in place and document the reasons will licensure consider and not cite since it was a collaboration of best practice.	
104	I think we all understand that it is pertaining to indoor visits, however for most facilities, this is what we are gearing toward as temperatures are changing and the air quality currently is not conducive to having outdoor visits.....	
105	Can compassionate care definition be more clear. It is not currently defined very specifically.	
106	If you look at the Achived CMS it shows for the week of... We were green for the "week OF" 09-09 and the week of 09-16 So I think we should be able to go to monthly "next week" even though the the report came out on 9-22. Please check.	
107	On a call Monday we were told to wait to get confirmatory test before taking action	