



NHCA & LEADING COVID 19 UPDATES

4/15/2020



SPREADSHEETS AND INFORMATION

- COORDINATING AND DATA SHARING WITH EPIDEMIOLOGY (DR. SAFRANEK AND MAUREEN TIERNEY) AND THE HEALTH DEPARTMENT.
- UPDATING SPREADSHEET TO HAVE ALL THE INFORMATION NEEDED BY THE HEALTH DEPARTMENT AND EPIDEMIOLOGY.
- THE GOAL IS TO HAVE ONE FORM FOR ALL THE DIFFERENT DEPARTMENTS PUT ON ONE SPREADSHEET.
- PLEASE RESUBMIT WITH ADDITIONAL INFORMATION TO DHHS AND YOUR LOCAL HEALTH DEPARTMENT.
- INCLUDE PENDING, POSITIVE, AND NEGATIVE STAFF & RESIDENT RESULTS

Additions to Facility COVID -19 spreadsheet: resident and staff tabs

R	S	T	U	V	W	X	Y	Z
RESIDENT DOB	PLEASE SELECT ONE OF THE FOLLOWING OPTIONS FOR RACE:	WHITE	BLACK OR AFRICAN / AMERICAN	AMERICAN INDIAN AND ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	TWO OR MORE RACES	NOTES

S	T	U	V
SIGNS/SYMPTOMS	DOB	STAFF PHONE #	NOTES

CMS MEMO 3-23-2020

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-20-All

DATE: March 23, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Prioritization of Survey Activities

CMS MEMO 4-13-2020

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-25-NH

DATE: April 13, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: 2019 Novel Coronavirus (COVID-19) Long-Term Care Facility Transfer Scenarios

Memorandum Summary

- CMS is providing supplemental information for transferring or discharging residents between facilities for the purpose of cohorting residents based on COVID-19 status (i.e., positive, negative, unknown/under observation).

Waivers for transfer of residents

- CMS has issued unprecedented flexibility to the long-term care (LTC) facilities (skilled nursing facilities (SNFs) and/or nursing facilities (NFs)) in order to protect residents during the COVID-19 pandemic. On April 2, 2020, CMS and CDC released the “COVID-19 Long-Term Care Facility Guidance,” which alerted facilities to actions they should take to prevent transmission of COVID-19. These actions include separating residents based on COVID-19 status (i.e., positive, negative, unknown/under observation). This may mean facilities will need to transfer residents within the facility, to another long-term care facility, or to other non-certified locations designated by the State. In order to coordinate appropriate relocation of residents between facilities or another location, facilities should work with State and local community leaders to identify and designate facilities dedicated to residents diagnosed with COVID-19 and those with suspected COVID-19

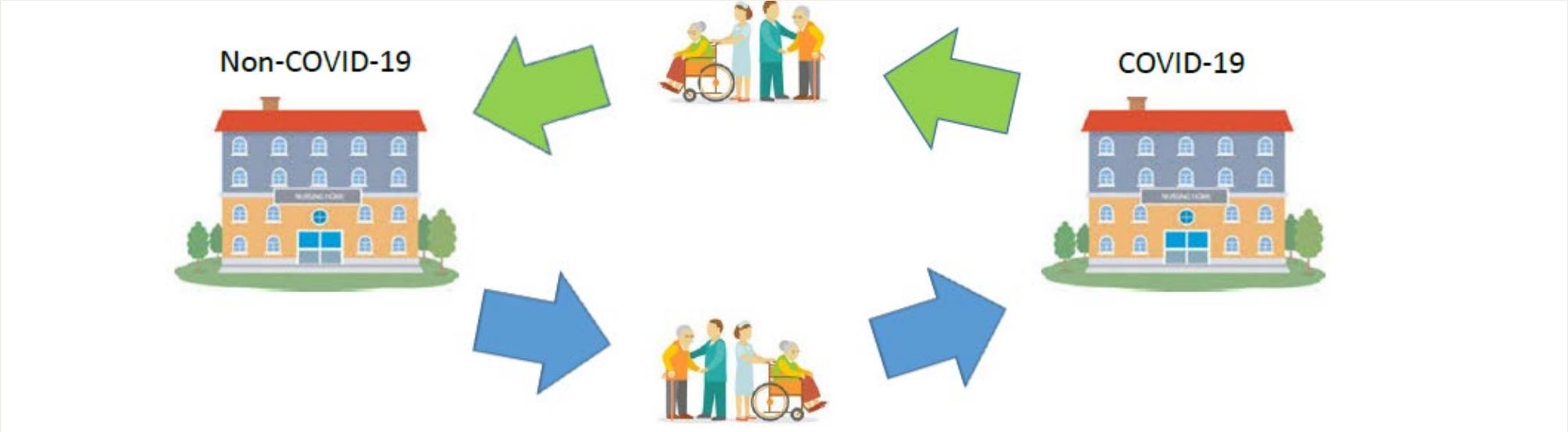
Co-horting of residents

- To facilitate cohorting of residents based on COVID-19 status, CMS issued blanket waivers for certain CMS requirements of participation for LTC facilities. These include a physical environment waiver to temporarily allow rooms not normally used as a resident's room in a certified LTC facility to be used to accommodate beds and resident care. These also include certain transfer and discharge requirements that are waived solely for the purposes of cohorting. Please view all these waivers, and their exceptions, through the blanket waivers link above.

LTC Transfer Scenarios

- In response to the recent questions related to cohorting, CMS is providing supplemental information for transferring or discharging residents between facilities. In general, if two or more certified LTC facilities want to transfer or discharge residents between themselves for the purposes of cohorting, they do not need any additional approval to do so. However, if a certified LTC facility would like to transfer or discharge residents to a non-certified location for the purposes of cohorting, they need approval from the State Agency. Please see the attachment, “LTC Facility Transfer Scenarios” for a depiction and explanation of these scenarios.

Two or more certified LTC facilities (SNF and NF) transfer between facilities.



Transfer between two or more certified facilities

- CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and §483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another (LTC) facility solely for the following co-horting purposes:
 - •Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;
 - •Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or
 - •Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

Transfer residents from one or more certified LTC fac. to non-certified location



Transfer from one or more certified LTC to non-certified location

- CMS is waiving requirements related at 42 CFR 483.90, specifically the following: Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under §483.90 to allow for a non-certified LTC building to be temporarily certified and available for use by a LTC facility in the event there are needs for isolation for COVID-19 positive residents, which may not be feasible in the existing LTC facility structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults.
- These requirements are also waived when transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services “under arrangements,” as long as it is not inconsistent with a state’s emergency preparedness or pandemic plan, or as directed by the local or state health department. In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care. The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.

Transfer of COVID-19 resident to Federal/State run facility



Transfer of COVID-19 to Federal/State run facility

- Transfer of COVID-19 residents to Federal/State run facility staffed with Federal or State personnel: Transfers by Order of Governmental Authority (e.g., FEMA) and no reimbursement to the LTC facility.
- No waiver necessary as long as transfer is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department

CMS MEMO 3-9-2020

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: March 9, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019
(COVID-19) in nursing homes *(REVISED)*

How should facilities monitor or restrict health care facility staff?

- The same screening performed for visitors should be performed for facility staff.
- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

- Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Transferring resident cont..

- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When can a facility accept a resident diagnosed with COVID19 from a hospital

- A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#). Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

When should a nursing home accept a resident the facility would normally admit.

- Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.
- *Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).*

CMS LTC Self-Assessment Tool

- https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Each facility should complete
- Includes:
 - *1.Infection Control program infrastructure and Infection Preventionist*
 - *2.Infection Preventionist relationship to Quality Assurance Committee*
 - *3.Infection surveillance and outbreak response.*
 - *4.Influenza and pneumococcal Immunization*
 - *5.Linen management*
 - *6.Infection prevention during transitions of care*
 - *7.Water Management Program*

Facility Surveillance

D.1.	The facility has a written surveillance plan, based on the risk assessment, outlining activities for monitoring/tracking infections occurring in residents of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.2.	The facility has system in place for early detection and management of potentially infectious symptomatic residents at the time of admission, including implementation of precautions as appropriate Examples: Documenting recent antibiotic use, and history of infections or colonization with <i>C. difficile</i> or antibiotic-resistant organisms.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.3.	The facility has a system in place (e.g., notification of IP by clinical laboratory) for early detection and management of potentially infectious symptomatic residents, including implementation of precautions as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.4.	The facility surveillance practices include: a. Use of published surveillance criteria (e.g., CDC National Healthcare Safety Network (NHSN) Long Term Care Criteria) to define infections. b. Use of a data collection tool. c. Report to QAA (e.g., quarterly). d. Follow-up activity in response to surveillance data (e.g., outbreaks). e. Report summarizing surveillance data annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

Transmission Based Precautions

Section H	Transmission-Based Precautions	Assessments	Comments
H.1.	<p>The facility has policies and procedures for transmission-based precautions (TBP) (i.e., Contact Precautions, Droplet Precautions, Airborne Isolation Precautions) to be followed to prevent spread of infections; which includes selection and use of PPE (e.g., indications, donning/doffing procedures) and specifies the clinical conditions for which specific PPE should be used (e.g., <i>C. difficile</i>, influenza).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.2.	<p>Residents with known or suspected infections, or with evidence of symptoms that represent an increased risk for transmission, are placed on the appropriate TBP.</p> <p>Note: Resident placement (e.g., single/private room or cohorted) is made on an individual case basis based on presence of risk factors for increased likelihood of transmission (e.g., uncontained drainage, stool incontinence).</p> <p>Note: Facility should have a process to manage residents on TBP when no single/private room is available.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.3.	<p>The facility limits the movement of residents (in accordance with policies) on TBP with active symptoms [diarrhea, nausea and vomiting, draining wounds that cannot be contained for highly infectious diseases (e.g., norovirus, <i>C. difficile</i>, MDRO)] outside of their room for medically necessary purposes only.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Transmission-Based Precautions Tracer

	Transmission-Based Precautions Tracer	Assessments	Comments
H.5.	Signs indicating a resident is on TBP and required PPE are clear and visible on the door or next to the door.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.6.	Staff are able to successfully verbalize the PPE required before entering a resident's room.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.7.	Hand hygiene is performed before entering resident care environment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.8.	Gloves and gowns are donned upon entry into the environment (e.g., room or cubicle) of resident on Contact Precautions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.9.	Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions prior to use on another resident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.10.	Gloves and gowns are removed and properly discarded, and hand hygiene is performed before leaving the resident care environment. Note: Although preferred for most clinical circumstances, ABHR is not appropriate when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C. difficile or norovirus during an outbreak or if endemic rates of C. difficile infection (CDI) are high. In these circumstances, soap and water should be used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H.11.	In rooms with residents on Contact Precautions, high-touch environmental surfaces that are touched frequently	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Will nursing homes be cited for not having the appropriate supplies?

- *CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.*

Supplies

- If your facility is having problems obtaining PPE, please contact your local health department to assist with getting necessary supplies.

Local Health Departments

- Link to obtain a list of the local health departments:
<http://dhhs.ne.gov/Pages/Local-Health-Departments.aspx>

- [List of Nebraska's Local Health Departments](#)  (By Name)