



PACAH Summer Webinar
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SKILLED NURSING FACILITY SURVEYS IN THE TIME OF COVID-19

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June Was Busy

- June 1, 2020: CMS releases QSO-20-31-All, requiring on-site surveys, creating financial risk for states, and increasing sanctions for infection control deficiencies
<https://www.cms.gov/files/document/qso-20-31-all.pdf>
- June 4, 2020: CMS posts National Health Safety Network (NHSN) nursing home (SNF) data, infection control survey results, and FAQs

CMS Posts SNF Specific COVID-19 Data June 4, 2020

- Results of 5,700 infection control and complaint surveys since March 4,2020 *updated monthly*
- NHSN reported data, including number of cases and number of deaths, *updated weekly*
- Data downloadable

NHSN Reported Data Update Weekly

- Resident beds and census
- Suspected and confirmed COVID-19 infections among residents and staff
- Total deaths and COVID-19 deaths among residents and staff
- Access to COVID-19 testing
- Staffing shortages
- Personal protective equipment and
- Ventilator capacity and supplies in the facility

CMS Posting of COVID-Related Surveys (QSO 20-33-NH, 6/4/2020)

- Spreadsheet listing each health inspection conducted, the SNF's demographic information, and citations
- File with the 2567 from each inspection
- Spreadsheet showing number and percentage of surveys each state has conducted
- Survey results from March 4, 2020 forward will not impact 5 Star Ratings

On-Site Focused Infection Control Surveys

- State survey agencies (SSAs) must complete 100% of **on-site** focused infection control surveys by July 31, 2020 (CMS QSO 20-31-All, 6/1/2020)
- Failure requires Corrective Action Plan to CMS explaining how SSA will complete the remaining focused infection control surveys within 30 days
- Failing again causes loss of 10% of state's CARES Act Fiscal Year (FY) 2021 allocation

On-Site Focused Infection Control Surveys

- SSA's continued failure to hit 100% completion rate for focused infection control surveys could result in another 5% reduction
- States that have hit 100% completion benchmark by July 31, 2020 eligible to receive a proportion of the funds forfeited by the delinquent states
- Starting in FY 2021, conduct annual focused infection control surveys of at least 20% SNFs or risk loss up to 5% of CARES Act allocation

On-Site COVID-19 Focused Surveys

- CMS defines “previous COVID-19 outbreak” as:
 - Cumulative confirmed cases/bed capacity at 10% or greater; or
 - Cumulative confirmed plus suspected cases/bed capacity at 20% or greater; or
 - Ten or more deaths reported due to COVID-19

On-Site COVID-19 Focused Surveys

- SSAs must do on-site surveys within 3-5 days of identification of any SNF with three or more new COVID suspected and confirmed cases reported in NHSN COVID-19 Report and/or
- At any SNF that reports one confirmed resident case in a facility that was previously COVID-19 free
- Pennsylvania defines COVID-outbreak as 1 or more confirmed positive cases (resident or staff)

CMS Gives States Flexibility to Expand Survey Activities

- Complaint investigations triaged as Non-Immediate Jeopardy (IJ)-High
- Revisit surveys of any facility with removed IJ (but still out of compliance)
- Special Focus Facility and Special Focus Facility Candidate recertification surveys

CMS Gives States Flexibility to Expand Survey Activities

- Recertification surveys >15 months overdue for SNFs and Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID)
- Surveys prioritized based on a facility's prior survey history and allegations related to abuse or neglect; infection control; transfer/discharge; insufficient staffing or competency; or other quality of care issues

DOH Response: July 16, 2020

- Initial licensure surveys, on-site, regardless of county reopening phase
 - Prioritized based upon date of request unless CMS instructs otherwise

License Renewal Surveys

- Licenses due to expire on or before August 31, 2020, including those that were extended under the initial survey guidance issued on March 31, 2020 extended an additional 90 days from the date of expiration
- Extension includes provisional licenses
- Print copy of DOH Guidance for insurance and financing purposes

License Renewal Surveys

- License renewal surveys will be scheduled based upon the expiration date of the facility's license if the CMS recertification date is not the same
- Renewed license will reflect the original expiration date and not the extended license date

Complaint Surveys

- Surveys will continue to be conducted for all facilities, regardless of the phase of reopening of the county
- Allegations that a facility caused or is likely to cause serious injury, harm, impairment, or death to a resident will continue to be conducted on-site

Complaint Surveys

- Department may take other factors into consideration
- Trend in allegations that indicates an increased risk of harm to residents
- Receipt of corroborating information about regarding the allegation

Other State Surveys

- Occupancy
- Life safety
- Closure

Priority for Standard Recertification Surveys

- Facilities with significant number of COVID-19 positive cases
- Special Focus Facilities
- Special Focus Facility candidates

Priority for Standard Recertification Surveys

- SNFs overdue for a standard survey (< 15 months since last standard survey, license expiration in less than 12 months or Provisional licenses expiration in less than 6 months) and a history of noncompliance at harm level (citations of "G" or above) with items:
 - Abuse or neglect
 - Infection control
 - Violations of transfer or discharge requirements
 - Insufficient staffing or competency
 - Other quality of care issues (e.g., falls, pressure ulcers, etc.)

Status of Other Enforcement

- Imposition of denial of payment for new admissions (DPNA)
 - Existing DPNAs have been suspended
 - CMS will not issue new DPNAs at this time, even for SNFs in a survey cycle approaching the 90th day of alleged noncompliance
- Intent was to allow SNFs to receive payment for new Medicare and Medicaid admissions during pandemic, BUT not if infection control issues

Status of Other Enforcement

- Federal per day CMPs are suspended, and existing per day CMPs will not accumulate EXCEPT infection control sanctions
- Imposition of automatic termination for SNFs not in substantial compliance at 6 months has been suspended
- IJ surveys will be conducted on site.
 - If IJ not removed within 23 days, CMS will terminate
 - Other IJ remedies will be suspended during this period

Expanded Role Of Quality Improvement Organizations (QIO)

- QIOs deployed to provide technical assistance to nursing homes
 - Approximately 3,000 low performing nursing homes with history of infection control challenges have been targeted
- States may request QIO technical assistance for a specific nursing home
- QIOs provide weekly national infection control training

“Enhanced Sanctions” For Infection Control Deficiencies

- CMS perceives a “heightened threat to resident health and safety for even low-level isolated infection control citations (such as proper hand washing and use of PPE).”
- CMS believes that expanded enforcement will improve accountability and sustained compliance with fundamental health and safety protocols

Scope & Severity	No Infection Control Deficiencies in Past Year	Infection Control Deficiencies Cited Once In Past Year	Infection Control Deficiencies Cited Twice or More In Past Two Years	Cited for Current Non-Compliance with Infection Control Deficiencies Regardless Of Past History
D/E Not wide-spread potential for harm	<ul style="list-style-type: none"> Directed Plan of Correction 	<ul style="list-style-type: none"> Directed Plan of Correction DDPNA with 45-days to demonstrate compliance Per Instance CMP up to \$5000 (at State/CMS discretion) 	<ul style="list-style-type: none"> Directed Plan of Correction DDPNA, 30-days to demonstrate compliance with Infection Control deficiencies \$15,000 Per Instance CMP (or per day CMP, as long as the total amount exceeds \$15,000) 	
F Widespread	<ul style="list-style-type: none"> Directed Plan of Correction DDPNA with 45-days to demonstrate compliance 	<ul style="list-style-type: none"> Directed Plan of Correction, DDPNA with 45-days to demonstrate compliance, \$10,000 Per Instance CMP 	<ul style="list-style-type: none"> Directed Plan of Correction DDPNA, 30-days to demonstrate compliance \$20,000 Per Instance CMP (or per day CMP, as long as the total amount exceeds \$20,000) 	

Scope & Severity	No Infection Control Deficiencies in Past Year	Infection Control Deficiencies Cited Once In Past Year	Infection Control Deficiencies Cited Twice or More In Past Two Years	Cited for Current Non-Compliance with Infection Control Deficiencies Regardless Of Past History
G/H/I Harm				<ul style="list-style-type: none"> • Directed Plan of Correction • DDPNA with 30 days to demonstrate compliance • CMP imposed at highest amount option in the CMP analytic tool
J/K/L				<ul style="list-style-type: none"> • Mandatory remedies of Temporary Manager or Termination • Directed Plan of Correction • DDPNA, 15-days to demonstrate compliance • CMP imposed at highest amount option in the CMP analytic tool

Sample Infection Control Directed Plan of Correction (DPoC)

- Provide evidence of current Infection Control policy & procedures to include the guidance related to COVID-19 from CMS and the Center for Disease Control
- Immediately implement an appropriate infection prevention and intervention plan consistent with the requirements of §483.80 for the affected resident(s)/neighborhoods/nursing unit identified in the deficiency

Sample DPoC

- All nursing staff, housekeeping staff, dietary staff and maintenance staff will receive education on hand washing/ hand sanitizing techniques and the appropriate use of gloves and PPE as recommended by the Center for Disease Control and the appropriate use of PPE
- Training of all HCP (Healthcare Professional) regarding recommendation from the Center for Disease Control in transmission of COVID-19 in all areas of the facility for source control. Include documentation of the training completed with a timeline for completion.

Sample DPoC

- The Infection Preventionist, Director of Nursing and other nursing leadership will conduct rounds throughout the facility to ensure staff is exercising appropriate infection control procedures are followed on each neighborhood. Ad hoc education will be provided to persons who are not correctly utilizing equipment and/or infection prevention/control practices.

Sample DPoC

- The Infection Preventionist will complete the CDC's Infection Preventionist training in CDC-Train in order to help facilitate enhanced compliance with infection control and prevention
- Conduct a Root Cause Analysis (RCA) which will be done with assistance from the Infection Preventionist, Quality Assurance and Performance Improvement (QAPI) committee and Governing Body. The RCA should be incorporated into the intervention plan

Facility Action Steps

- Train the greeter/receptionist
- DO NOT LET SURVEYORS IN WITHOUT COMPLETE SCREENING
- Check signage (DOH)
 - Social Distancing
 - Wash Hands
 - If You're Sick, Don't Enter
 - CDC Signs for Precautions

Facility Action Steps

- Immediately review, complete and/or update the CMS Infection Control checklist
<https://www.cms.gov/files/document/qso-20-20-allpdf.pdf>
- Surveyors will be using this for focused infection control surveys
- Surveyors may ask to see copies of facility-completed self-assessments

Facility Action Steps

- Gather as much documentation as possible in a survey book
- Conduct monitoring of staff practices every shift
- Remind staff re proper PPE usage
 - PPE rules apply when they cross the threshold
- Enforce social distancing at lunch and on breaks

Facility Action Steps

- Walk the building
- Create a team that includes front line staff to help with monitoring and reinforcing infection control best practices
- Think like a surveyor

Facility Action Steps

- Update facility assessments
 - Staffing
 - Supplies
 - Resident needs
- Update policies to reflect changes in procedures
- Consider resident quality of life issues (worsening ADLs, depression, isolation)

Facility Action Steps

- Review and update emergency plan
- Gather documentation of training and competencies
- Ask staff questions from the survey tools
- Know what standard and transmission based precautions are appropriate and required

Facility Action Steps

- Assign someone to make sure that all required reporting is being done accurately and timely
- Document problems with accessing reporting sites or inconsistencies in data

Facility Action Steps

- Keep documentation of communications with families about COVID-19 updates
 - Periodically test your recorded line to make sure that it is working
 - Maintain copies of the script
- Document attempts to get clarification, guidance and assistance from local, state, and federal agencies

Facility Action Steps

- Gather emails to vendors, as well as contracts, that reflect supply delays or shortages as well as increased costs
- Document, document, document
- Be prepared to file informal dispute resolutions (IDRs) about any inaccuracies as all surveys are being posted within a month's time

Common Findings

- Staff fatigue causing lax PPE usage
 - Masks below nose
- Improper or no hand hygiene/gloves
- Cleaning of reusable resident devices (thermometers, pulse ox, blood pressure cuffs, glucometers), not following manufacturers' recommendations
 - Document reasons for alternative methods

Moving Forward

- Identify when first cases happened, and what guidance was in effect at time
 - Masking
 - Cohorting
 - Testing
 - Optimizing PPE
- Shortages or insufficient PPE (N95s but no fit-testing materials or capability)

Moving Forward

- Seize control of your narrative—do not let the government's negative spin define who you are
- Combat the misstatements with the truth
- Be proud of what you do and celebrate your successes

It is Time to Stop the Blame

As Governor Cuomo so aptly said:

“Who is accountable for those 139 deaths? How do we get justice for those families that had 139 deaths? What is justice? Who can we prosecute for those deaths? . . . Nobody. Nobody. Mother Nature? God? Where did this virus come from? People are going to die by this virus. That is the truth.”

Reported in *Skilled Nursing News*, “Cuomo Backs Off on Nursing Home Prosecutions: ‘People Are Going to Die By This Virus. That’s the Truth,’” May 20, 2020



https://www.freepik.com/free-vector/thank-you-doctors-nurses_7509779.htm;
Medical vector
created by pikisuperstar - www.freepik.com

Infection Control Tags 42 C.F.R. §483.80

- F880 Infection Prevention & Control
- F881, Antibiotic Stewardship Program
- F882 Infection Preventionist Qualifications Role
- F883 Influenza and Pneumococcal Immunizations
- F884 Reporting – National Health Safety Network
 - Only cited by federal surveyors
- F885 Reporting – Residents, Representatives & Families

Questions??

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