

COVID-19 Focused Infection Control Surveys Are Here To Stay

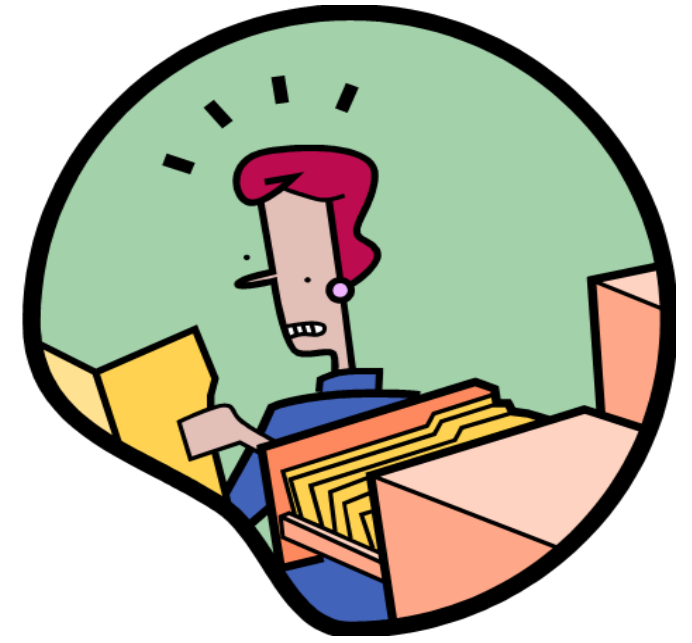
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What Should You Be Doing Now?



Focused Infection Control (FIC) Surveys: F880

- States must conduct annual FIC surveys at 20% of all nursing homes (SNFs) beginning Oct. 1, 2020 (Fiscal Year 2021)
- Mandatory penalties for violations of F880 including:
 - Civil money penalties (CMPs) even for scope and severity of D
 - ▶ Increasing penalties for repeat citations
 - Directed plans of correction that must be sent directly to field office
 - ▶ Separate from the plan of correction for the 2567
 - **Discretionary denial of payment for new admissions** (DPNA) with effective date provided only in the letter from DOH
 - ▶ Not related to the 90-day DPNA

New Triggers for FIC Surveys

- Almost all these FIC surveys must be stand-alone surveys
- States must conduct FIC surveys at SNFs within 3-5 days of identification of any of the following factors that may place residents' health and safety at risk, including:
 - Three or more new COVID-19 suspected and confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report
 - One confirmed resident case in a facility that was previously COVID-19 free

New Triggers for FIC Surveys

- Multiple weeks with new COVID-19 cases
- Low staffing
- Selection as a Special Focus Facility (SFF)
- Concerns related to conducting outbreak testing
- Allegations or complaints which pose a risk for harm or Immediate Jeopardy to health or safety of residents related to certain areas such as abuse or quality of care (*e.g.* pressure ulcers, weight loss, depression, decline in functioning)

Surveyor Instructions...

- “Be alert to, and investigate any concerns related to residents who have had a significant decline in their condition (*e.g.*, weight loss, mobility) during the PHE [Public Health Emergency]”

CMS Links Expected Decline in Clinical Conditions to Quality of Care

- Quality of care issues related to pressure ulcers, weight loss, depression and decline in functioning are known effects of COVID-19 infection:
 - Typically lose their appetite, their senses of taste and smell thus often making weight loss unavoidable
- Skin failure is often not preventable if there is unavoidable weight loss
- Depression and decline in functioning may also be directly related to COVID-19 when required to restrict visitation and communal dining and other social activities

CMS Links Expected Decline in Clinical Conditions to Quality of Care

- Anticipated clinical decline should not be cited as *per se* evidence that a facility was at fault
- Paucity of documentation
- Facilities should be working with their clinical staff and social workers to improve documentation in these areas

Strategize Now For Today and Tomorrow

- Lingering effects of COVID-19
 - Weakness → increased fall risks
 - Decreased appetite → expected weight loss
 - Fatigue → choice to stay in bed
 - “Pressure ulcers” or “skin failure”
 - IV fluids for “dehydration” or “to maintain hydration”
 - Activities of daily living (ADLs): dressing, showers
 - Documentation and care planning is crucial

Check Staff Knowledge

- Document trainings
 - Make sure to keep copies of training material
- Competency tests and return demonstration where appropriate
- Quiz and monitor staff on knowledge and implementation of key policies
 - Care plans
 - Documentation
 - Infection control
 - ▶ Hand hygiene
 - ▶ Cohorting
 - ▶ PPE usage

New F882: Infection Preventionist (IP)

- Must have at least one IP responsible for your infection control and prevention program (IPCP) working at least part-time
 - Job description
- Specialized training in infection control & prevention
 - Documentation
- IP must participate in Quality Assessment & Assurance Committee
 - Standing agenda item

Review Your Policies

- Have they been updated?
 - Generic or facility-specific?
 - Iterations consistent with changing guidance
 - Signatures
- Copies available for surveyors upon entrance
- Accessibility to staff

Key Infection Control Policies

- COVID-19 screening, testing, cohorting, and reporting
 - Employee health policies
 - Outbreak policy and plan
- Donning, doffing and appropriate use of personal protective equipment (PPE)
 - Training and audits
- Hand hygiene policies and documentation of audits

Key Infection Control Policies

- Cleaning of equipment used by more than one resident
 - Blood pressure cuffs, pulse ox, thermometers, slings
- Influenza & Pneumococcal vaccination policy
- Infection prevention training on standard precautions, transmission-based precautions, blood borne pathogens
- Visitation policies

OSHA COVID-19 Requirements

1

Implement a written respiratory protection program (RPP) if using respirators (N95's and others)

2

Provide a medical evaluation, respirator fit test, training on the proper use of a respirator and personal protective equipment

3

Report an injury, illness or fatality

4

Record an injury or illness on OSHA recordkeeping forms

5

Comply with General Duty Clause of the OSHA Act: must furnish each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

Key Elements Of An RPP

- Assign suitably trained *program administrator* to oversee all elements (infection prevention and control practitioner or nurse administrator)
 - For help, contact OSHA's On-Site Consultation Program
- Implement and maintain RPP
- Conduct a risk assessment to identify which workers are at risk of exposure to any airborne hazards
 - Any staff (whether clinical or not) in close contact (<6 feet) with residents with confirmed or suspected COVID-19
 - Clinical staff performing aerosol-generating procedures
 - Cleaning staff
 - Maintenance staff
 - Visiting practitioners
- Program administrator for implement procedures for selecting the appropriate type of respirator(s) for the hazard
- Select from NIOSH-approved respirators and be cautious of counterfeit respirators
- During times like the present pandemic, when there are increased demands on the supply chain for N95 FFRs, consider alternatives to N95
- Choose eye and face protection that can be worn safely together
- Identify a physician or other licensed healthcare professional to conduct the medical evaluations and maintain confidentiality
- Conduct appropriate fit testing
- Establish procedures and schedules for the maintenance and storage of any respirators used for more than a single use (e.g., procedures for cleaning, disinfecting, storing, repairing, discarding)
- Provide effective training for employees who wear respirators
- Conduct periodic evaluations of workplace to ensure that your written RPP is being properly implemented and is up-to-date, and to ensure that workers are using their respirators properly
 - Solicit input from workers (and union representatives, if applicable) to provide feedback on the program

Plans Of Correction

DOH

- Corrective action(s) for residents affected by the deficient practice
- Identification of other residents having the potential to be affected by the same deficient practice and corrective actions
- Measures put in place or system changes to ensure that the deficient practice does not recur
- Monitoring of corrective action to ensure the deficient practice will not recur
- Corrective action dates

DHS

- Implement immediate measures to address health and safety issues and/or serious violations
- Include quality plan to address the violation systemically to avoid future occurrences
- Include date the correction will be implemented, who is responsible and the specific action to be taken
- All actions are to be concrete and measurable within a specified timeframe

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 CDC 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

Minimize Risk Of Per-Day CMPs

- Document immediate plans of correction following incidents
 - Assess resident(s) involved in the incident
 - Remove alleged perpetrator pending investigation
 - Report to all applicable agencies & law enforcement
 - Assess and protect other residents
 - Educate staff and volunteers (if applicable), ensuring they will not work with residents until they have been educated
 - Implement corrective measures
 - Monitor and audit

Strategic Use OF QAPI Committee

- Review incident at QAPI committee to assess root causes and needed system improvements
 - Does your QAPI plan specify *ad hoc* meetings to respond immediately to incidents?
 - How do you document the meetings where these incidents are being analyzed?
 - Is a physician included?
 - What is reported to Board/Governing Body?

Enforcement and Sanctions

- **F880:** Infection control—enhanced enforcement
- **F882:** Infection Preventionist—traditional enforcement
 - Not designating one or more persons to serve as infection control preventionist
- **F884:** Failure to report to NHSN timely—new enforcement
 - \$1,000 CMP for first week, increasing by \$500 each subsequent failure up to \$6,500/violation

Enforcement Sanctions

- F885: Failure to inform residents, representatives and families about COVID-19 issues—traditional enforcement
- F886: Testing—traditional enforcement
 - *Surveyors should not cite if you have documentation of attempt to perform and/or obtain testing (e.g., timely contacting state officials, multiple attempts to identify a lab that can give test results within 48 hours)*

Enhanced Enforcement F880

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 \$5,000 (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) 	

*DDPNA: Discretionary Denial of Payment for New Admission; QSO-20-31-All (June 1, 2020)

Enhanced Enforcement F880

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

It Is Not Too Late

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

Documents to Gather

- Gather and review Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control & Prevention (CDC), Occupational Health & Safety Administration (OSHA), Department of Health (DOH) and Department of Human Services (DHS) issuances during pandemic
 - Do you have a timeline of how things changed?
 - Do your policies reflect the changes that you were implementing procedurally in real time?
 - Do your policies and procedures have your facility name on them?

Common Findings

- Staff fatigue causing lax PPE usage
- Masks below nose
- Hand washing
- Cleaning of reusable resident devices (thermometers, pulse ox, blood pressure cuffs, glucometers), not following manufacturers recommendations
 - Document reasons for alternative methods

Because They Won't Remember . . .

- Get in the habit of taking screen shots of attempts to communicate with state and federal data bases
- Send confirmatory emails following conversations with government and advisory personnel
 - Describe conversation and then close with statement requesting a response if you have misstated something

Department of State, Bureau of Enforcement & Investigations (BEI), Bureau of Professional & Occupational Affairs (BPOA)

- Investigating professional licensees (e.g., nursing home administrators (NHAs), nurses, physicians—not certified nursing assistants)
- Prioritizing and fast-tracking COVID-19 related complaints
- Complaints come from state agencies, families/residents and employees

Department of State BEI/BPOA

[Pennsylvania Department of State](#) > [Professional Licensing](#) > [File a Complaint](#)

File a Complaint

COVID-19
Complaint
Form

Professional
Licensing
Complaint

Other
Complaints

- Contact may be made off-site
- Consider whether to provide counsel to employees
- Requests for resident records may require subpoena
- Collateral investigations and actions
 - Civil litigation
 - Criminal actions

My Contact Information

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