

November 18, 2021

# LTC COVID-19 Update

Presented by:

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## Today's Topics

- CMS updated visitation guidance
- CMS updated survey & oversight
- Q&A

*Virtual Assisted Living Symposium, an on-demand event Nov 19-Dec 3, details [HERE](#)*

*DON Workshop, an in-person event for new SNF DONs, Dec 1-2, details [HERE](#)*



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## CMS Visitation Guidance Update

The Centers for Medicare & Medicaid (CMS) revised [QSO-20-39-NH](#) on November 11, 2021, related to visitation guidance **while also emphasizing the importance of maintaining infection control practices.**



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## Important Consideration

- Ensure a visit occurs in a manner that does not place other residents at risk.
  - Step back and look at you entrance – update it!



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## Provide Information

- Visitation is now always allowed for all residents
  - Do the individual residents want visitors, and do they understand the risk associated ?
- Each visitor, resident and resident representative to be informed of risks associated with visitation.
  - Residents who are on TBP or quarantine can have visitors in the resident room with appropriate PPE but it is not recommended.



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## Unvaccinated Informed Choice

- Unvaccinated residents may also choose to have physical touch based on their preferences and needs however, should be advised of the risks associated with this choice and advised on mitigation of the risks.



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## Signage

- Does your signage support this update?
- How do you provide the risk level for entry ?
  - Do you have active COVID-19 in the building?
  - Are you currently all green?
  - Are you in Outbreak testing?



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## What PPE do you require upon entry?

- Mask or face covering
  - Always while walking through the facility
  - If fully vaccinated visitor visiting a fully vaccinated resident – mask may come off if in a resident room with all vaccinated folks. Be respectful of roommate.
- Visitors must follow the STOP SIGNS on the door if visiting a RED/YELLOW person in TBP.



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## Do visitors understand when social distancing is requested?

- While in common areas throughout the facility.
- While in elevators.
- While in residents' rooms – heavily populated small areas are not recommended.
- Be respectful of those you are visiting and those you just pass in the hallways.
- Reminders posted ?



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## Hand Hygiene & Cover you cough

- Do you have hand hygiene stations throughout the facility?
  - Entrance
  - Elevators
  - Bathrooms
  - Visitation areas
  - Reminders



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## Required Education & Reporting

- Risk and benefits of vaccines
  - Residents
  - Staff
  - Visitors
- Continue to report vaccination data to NHSN – SNFs



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## Visitors and Screening

- Screen all visitors prior to entering the facility.
  - Visitors with the following cannot enter the facility for visitation:
    - Positive test for COVID-19
    - Have active symptoms of COVID-19
    - Meet the criteria for quarantine



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## Indoor Visitation

- Visitation is open with no limits on frequency and length of visits for resident.
- No more scheduling visitation
- No limits on number of visitors



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## The Balancing Act

### **VISITORS**

- Visitation is open with no limits on frequency and length of visits for resident.
- No more scheduling visitation
- No limits on number of visitors

### **PROVIDER**

- Must Screen each visitor
- Ensure physical distancing can be maintained at peak times of visitation.
- Ensure large gathering are avoided
- Limit visitor movement during visitation
- No room visits in dual occupied rooms if one resident is not vaccinated.

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## CMS state two things:

- If the nursing home's county COVID-19 community level of transmission is substantial to high, all resident and visitors should wear face coverings or masks and physically distance.
- Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.



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## Visitation during an outbreak investigation

- High Risk but visitors can enter – inform of high risk
- Core principals of infection control – reminders all around the facility!
- Masks or face coverings is recommended the entire visit and even in resident room.



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## Visitor Testing and Vaccination

- Vaccination mandate is for employees only and not visitors.
- Visitors are not required to be tested.
  - Facilities can offer testing to visitors if you choose
  - Encourage visitors to test on their own 2-3 days before visitation.
    - signage !
  - Encourage vaccination and provide resources. – Signage and handouts.



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## Access to Ombudsman Advocacy Programs

- Advise of risk level of entering the facility
- Help accommodate – clear mask with clear panel for deaf or hard of hearing.
- Accommodate alternative communication in lieu of an in-person visit if requested.



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## Communal Activities, Dining and Outings

- Masks regardless of vaccination status
- Remind residents leaving the building of core principals of infection control.
- Screen upon return – close contact identified – test and place in TBP
- May test unvaccinated residents upon return from leaving building
- May consider quarantining unvaccinated residents who leave facility based on screening and assessment or risk upon return.



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## Survey Considerations

### Surveyors

- Not required to obtain COVID-19 vaccination.
- Are not required to share their vaccination status with a provider.

### PROVIDER

- Cannot restrict access to surveyors based on vaccination status.
- Cannot ask a surveyor for proof of vaccination status as a condition of entry.

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## CMS Updated Survey & Oversight Guidance

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### Focused Infection Control Surveys

- Does not require a FIC survey within three to five days of having three or more new COVID-19 confirmed cases or one confirmed resident case in a facility that was previously COVID-19-free.
- FIC will continue annually of at least 20 percent of nursing homes.
- Prioritization for new outbreaks and low vaccination rates.



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## Recertification Surveys

- Regular recertification surveys – based on next survey
- Prioritization – history of non-compliance, allegations, staffing, falls, pressure areas.
- CMS is temporarily allowing certain mandatory survey protocol to be discretionary or triggered. – Resident Council Meeting, Dining Observation Task, Medication Storage.



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## The Focus

- Competency
- Sufficient staff
- Antipsychotic medications and non-pharmacological approached and person-centered care practices.
- Unplanned weight loss, deterioration, abuse, neglect or pressure ulcers.



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# Q&A

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**THANK YOU!**

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