LTC COVID-19 Update

Presented by:
Lori Davenport, Director of Regulatory & Clinical Affairs
Indiana Department of Health Team
Today’s Topics

- NHSN update – Kara Dawson
- Nurse Aide in Training registry – Suzanne Williams
- Enhanced barrier precautions and overview of abuse/neglect and the revised survey guidance – Lori Davenport
- Q&A

Adept Antibiotic Stewardship for the Infection Preventionist, a webinar on July 19, details HERE

IHCA/INCAL Annual Convention & Expo, August 15-16, details HERE
Nurse Aide in Training Registry

Suzanne Williams

7/14/2022
OUR MISSION:
To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:
Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.
Nurse Aide in Training Registry

https://redcap.isdh.in.gov/surveys/?s=CMWRXH9J4C

Complete the survey for any nurse aides hired who are not yet certified.

Facility Information

Facility Name

1717 SENIOR LIVING
ADAMS HERITAGE
ADAMS WOODCREST
ADDISON PLACE
ADDISON POINTE HEALTH & REHABILITATION CENTER
ALBANY HEALTH CARE & REHABILITATION CENTER
ALEXANDRIA CARE CENTER
ALLISON POINTE HEALTHCARE CENTER
ALLISONVILLE MEADOWS
- Include nurse aides who were hired before July 1 and are not yet certified.

Nurse Aide Information:
- Date hired
- Name
- Date of birth
- Last 4 of SSN
- Phone #
- Email
- Address
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Questions

• Will we need to go into RedCap and enter ALL staff who is working as NAIT and/or NA (waiting to test) or just those hired from July 1, 2022. All who are working as a nurse aide and not yet certified – includes those hired before July 1, 2022.

• Is IDOH wanting an account of each student who is currently enrolled in an approved CNA training program (still going thru class) AND those who have already completed the program, form/payment submitted and simply waiting on a certification test date from Ivy Tech? Yes, both. We want to capture any aide working who is not yet certified.

• Is this a one-time thing, or is this something we need to fill out moving forward with every class? It will be ongoing with any new aides hired.

• Is there going to be access to redcap so we can follow up to ensure all have been paced in redcap or do we need to save each one prior to hitting the submit button on recap. They are entered one at a time on RedCap, and then you have the option of entering another individual without entering your facility information again and again.

• The training was completed before the July 1 deadline and the applications to test were sent. Do I still need to do the link that was sent out in the newsletter? Yes.

• If you keep a student on past 120 days in another capacity (housekeeping, independent living assistant, etc.), what would you do for a hire date on the RedCap Registry? For new-hires, you only enter an individual on the registry when they start working as a nurse aide. If they end up going past the 120 days, we will see that on the RedCap registry and may follow up.
More Questions

• For the “Date of Hire” requested on the REDCap form, should the date listed be when our student begins as a CNA student and on the unit? We have multiple staff members between both facilities who began their career with us in a different role. For example, they may have started as a housekeeper or in facilities and made the decision to become a CNA and enroll in the class. Their actual date of hire may be a year or two ago in some circumstances. If the date on the form is utilized as a starting point for 120 days, putting their actual date of hire with the facility may not be accurate. Put the date the individual begins as a CNA student and on the unit.

• How long do we have to report those who currently fit the criteria? Please enter on the RedCap registry within 2 weeks.

• Moving forward, is there an expectation of how soon after hire an aide needs to be reported? Can a facility set a once-a-month reporting schedule internally or something of that nature? Up to 2 weeks after hire would be appreciated!

• And once an aide has been reported as in training, we have no other reporting requirement? For example, if they leave employment before training completion or before testing or they’re becoming certified, do these in-training aides remain tied to the facility? Correct, there are no other reporting requirements. We will follow up at IDOH.
As We Approach October…

• If nursing facilities or training programs have questions or experience capacity issues in training and testing that will result in a delay for a nurse aide to meet the full requirements within 4 months after the federal waiver ended, please notify Suzanne Williams at suwilliams@isdh.in.gov.

• If an individual nurse aide is experiencing a delay in being placed on the Nurse Aide Registry and it has been more than 30 days since they completed their training hours and successfully passed the CNA Competency Evaluation Examination, please contact Ivy Tech at CNA_QMA_testing@ivytech.edu.
Contacts

Ivy Tech Contacts:

If you have general questions about the CNA QMA Testing Office, please email cna_qma_testing@ivytech.edu.

Also, visit their website for additional information and FAQs: https://www.ivytech.edu/cna_qma_testing

If you are representing a training facility and you have questions or need information, please email Lori Urick at lurick@ivytech.edu.

IDOH CNA/QMA Training and Registry webpage:
Policy for Requesting a Waiver of NATCEP Loss

The new IDOH policy and procedure for facilities to request a waiver of disapproval of nurse aide training has been in effect since June 1.

Facilities may request a waiver by emailing ISDHLTCTrainingPrograms@ISDH.IN.gov with the required information in the checklist of information to request a waiver of disapproval of Nurse Aide Training and Competency Evaluation Program (NATCEP).

This information was also in the 5/26/2022 LTC Newsletter.
State Waiver vs. CMS Waiver

No matter the reason for the NATCEP loss, the state can grant a waiver for training to be conducted in the facility if criteria are met. The facility would be a clinical site for another approved training program. Please provide the name of the training program when you request your waiver.

If the facility wants to conduct its own training in its facility, AND the reason for the NATCEP loss was a CMP and the citation was not related to quality of care, the facility can request the CMS waiver, which would allow the facility to conduct its own training. You still submit the request to IDOH, and I forward it on to CMS for approval.
SAVE the DATE
Indiana Healthcare Leadership Conference
MENTAL HEALTH CHALLENGES IN LONG-TERM CARE
Working Together for Solutions

Date: Thursday, October 13, 2022
Where: Virtual or In-Person at the Indiana Convention Center
Who Should Attend: Every licensed comprehensive care facility should send two persons. Representatives from long term care provider organizations and interest groups are also invited to attend. All IDOH long term care surveyors will attend.

Contact Information:
tomd@travelleadersindy.com
317 895-2451
Questions?

CONTACT:
Suzanne Williams
SuWilliams@isdh.in.gov
CDC LTC team & IDOH – Admissions

1. For all new admissions, make sure to get good interfacility communication.
2. All new admission must be tested at 24 hours and at 5-7 days and be watched for symptoms daily.
3. New admissions who are asymptomatic, not a close contact, and are up to date do not need to be quarantined.
4. A new admission individual can come out of quarantine after receiving a booster without any waiting period provided, they meet all the following requirements: A) had no close contact – reliable history B) Not immunocompromised C) not symptomatic
LTC Update- last week

Informal Dispute Resolution – Effective immediately faculties can request all three options in the gateway

- Face to face
- Video
- Desk/paper review

Be very specific in text of your plan of correction and state which tags for IDR and type of IDR you are requesting.
CDC – Updates
CMS has given no guidance
Enhanced Barrier Precautions
CDC Updates Guidance on Enhanced Barrier Precautions

A new report on antimicrobial resistance was followed by the CDC updating its guidance on enhanced barrier precautions (EBP) for all health care settings – includes nursing homes.
EBP for the following residents that trigger the use of EBP:

✓ An open wound requiring a dressing change
✓ An indwelling catheter for the duration of their stay
✓ Is colonized with multi-drug resistant organisms (MDROs) and contact precautions do not apply.
High contact resident care activities

EBP **requires** the use of **gown and gloves** during high-contact care activities that provide opportunities for transfer of MDROs – hands and clothing

Eye protection when splash or spray occur
Examples of high-contact resident care activities

Among residents that trigger EBP use include:

Dressing
Bathing/showering
Transferring
Providing hygiene
Changing linens
Changing briefs or assisting with toileting
Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
Wound care: any skin opening requiring a dressing
Restrictions?

Resident on EBP are not restricted to their rooms or limited from participation in group activities.

Gown and gloves are not required for resident care activities other than those listed above unless otherwise necessary for adherence to standard precautions.
CDC provides the following considerations for use of EBP in nursing facilities.

MDRO transmission is common in skilled nursing facilities – morbidity, mortality and costs

EBP is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce transmission of MDROs.

Staff training is essential on the proper use of PPE.

Availability of PPE and hand hygiene products is essential.
What are the differences between EBP and Contact Precautions?

Every Entry into the room regardless of level of care provided

Dedicated equipment

Private room or cohorted

Restrictions
### Contact Precautions

- Gown and gloves on every entry
- Dedicated equipment
- Private room or cohort
- Restricted from participation in group activities
- Discontinuation plan

### Enhanced Barrier Precautions

- Gown and gloves for high-contact care activities
- Not restricted from rooms
- Private room not required
- Group activities are fine
- Intended to be in place for the duration of a resident stay or until resolution of the trigger.
Has CDC recommended EBP in assisted living communities?

NO
Close the GAPS!

- Access to alcohol-based hand sanitizer in resident rooms and care areas.
- EPA registered hand sanitizer at point of use
- Clean and disinfect shared equipment after each use
Should we screen for MDRO?

Pre-emptive screening to determine a resident’s MDRO status solely for the purpose of implementing Enhanced Barrier Precautions is not recommended.
If a resident has no history of MDRO but has an indwelling device or would, should they be placed in EBP?

Yes

Remember the triggers:

✓ An open wound requiring a dressing change
✓ An indwelling catheter for the duration of their stay
✓ Is colonized with multi-drug resistant organisms (MDROs) and contact precautions do not apply.
Examples of MDROs targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas*,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant *Staphylococcus aureus (MRSA)*,
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci (VRE)*,
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*
What activities are included under “providing hygiene”? 

- Brushing teeth
- Combing hair – if bundled with AM/PM Care
- Shaving
Are gowns and gloves recommended for EBP when transferring a resident from a wheelchair to chair in the dayroom or dining room?
In general, No

EBP is intended to apply to care that occurs within a resident room where high-contact resident care activities are bundled together. = longer contact with the resident.

EBP should be followed in common bathrooms, showers, therapy gym = longer contact with the resident

Hand hygiene before and after contact
Should Housekeeping Services follow EBP when cleaning and disinfecting a EBP resident room?
This is a loaded question!

In general no.

However, follow your policy for anticipated exposures to bodily fluids, chemicals or contaminated surfaces.

Note: Changing linen is considered a high-contact care activity
Does posting signs specifying the type of Precautions and recommended PPE outside the resident room violate Health Insurance Portability and Accountability Act (HIPAA) and resident dignity?
Answer:

No

Signs are to signal entering the room actions that should be taken to protect all.

Generic signs that instruct individuals to speak to the nurse are not adequate to ensure Precautions are followed.
FAQs

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

Resources:

Implementation of Enhanced Barrier Precautions in Nursing Homes Presentation

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers

Enhanced Barrier Precautions Letter to Nursing Home Staff
Guidelines for using the Therapy Gym
Published last week – submit questions
§483.12
freedom from Abuse, Neglect and Exploitation
Overview of Guidance

Changes to Guidance

• Abuse
• Determination of Past Non-Compliance
• Neglect
• Investigative Summary for Abuse and Neglect Investigation of Allegations of Abuse
• Deficiency Categorization
Abuse

Clarifies resident-to-resident altercation

• Should be reviewed as a potential situation of abuse
• Surveyors should not assume every resident-to-resident altercation results in abuse.

New language

○ Infrequent arguments or disagreements during course of normal social interactions – not constitute abuse
○ Surveyor must determine if the incident meets the definition of abuse
Allegations of Sexual Abuse
cross-referenced tags F609 and F610
§§483.12(b)(5), 483.12(c)(1) and (c)(4), and
§§483.12(c)(2), (c)(3), and (c)(4):
Allegations of Sexual Abuse

✓ Specifies the facility must develop and implement written P&P that ensure reporting of crimes.
✓ Meet all required time frames for reporting (§483.12(c)(1))
✓ Evidence that all alleged violations are thoroughly investigated
Allegations of Sexual Abuse

Results of the investigation must be provided to the administrator or designated representative and other officials including the IDOH within five working days of the incident and if appropriate, corrective action taken.

When determining past non-compliance related to sexual abuse, surveyor investigation each instance to determine if the facility took all appropriate actions to correct and determine the date on which the facility returned to substantial compliance.
Allegations of Sexual Abuse

Specifies when a facility identified abuse, the facility must immediately remediate the noncompliance and protect residents from additional abuse. – remove the threat!
Action Steps

- Take steps to prevent further potential abuse
- Report the alleged violation and investigation within required timeframes
- Conduct a thorough investigation
- Take appropriate action
- Revise the resident care plan – holistically
Neglect
Clarity about when neglect has occurred
Neglect

Noncompliance at tags such as F689 (Accidents) and F686 (Pressure Ulcers) do not automatically indicate noncompliance at F600 for neglect.

Require additional evidence – Did the facility know or should have known but failed to take action to avoid potential for harm or actual harm to a resident.
Neglect

Failed to provide staff, supplies, services, policies, training, or staff supervision and oversight to meet the resident needs but continued to fail to act as necessary to avoid the potential for harm or actual harm to the resident.
Neglect occurs when the facility is aware of, or should have been aware of, goods or services that a resident(s) requires but the facility fails to provide them to the resident(s) that has resulted in or may result in physical harm, pain, mental anguish or emotional distress. Neglect includes cases where the facility’s indifference or disregard for resident care, comfort or safety, resulted in or could have resulted in, physical harm, pain, mental anguish, or emotional distress. (new language in red italics)
Neglect

Cross references requirements – Identification of Goods and Services Required by Residents

§483.10 Resident Rights
§483.24 Quality of Life
§483.25 Quality of Care

When a facility does not have the goods and services a resident requires to avoid physical harm, pain, mental anguish, or emotional distress, this is likely to result in a finding of Neglect.
Neglect

Additional example of individual failures:

“Failure to implement an effective communication system across all shifts for communicating necessary care and information between staff, practitioners, and resident representatives.”
Deficiency Categorization
Psychosocial Outcome Severity Guide
Next week
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THANK YOU!