

July 21, 2022

LTC COVID-19 Update

Presented by:

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Today's Topics

- NHSN update – Kara Dawson
- Update – Pam Pontones
- Frequent COVID-19 questions – SOP new surveyor guidance – psychosocial outcome severity guide and admissions, transfers, and discharges
- Q&A

Quality Awards Program, virtual workshops, IHCA members only, details [HERE](#)

IHCA/INCAL Annual Convention & Expo, August 15-16, details [HERE](#)

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Frequent Questions

- Reporting
- Employees exposed and or infected – Management
- Three slides to have at you desk side
- Call – if you have questions
 - Lori – 765-516-0148



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Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



COVID-19 | 5/19/2022

cdc.gov/coronavirus

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Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of vaccination status</i> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

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Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

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Psychosocial Outcome Severity Guide & Citations at F600 – Abuse

- Use of the Guide in cases of abuse
- Not included in Appendix PP of SOP
- Resource
- Heps determine severity of psychosocial outcomes from noncompliance
- Used with SS grid
- Application of reasonable person concept



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New Definitions

- **Fear** – an unpleasant often strong emotion caused by anticipation or awareness of danger.
- **Psychosocial** – combined influence of psychological factors and the surrounding social environment on physical, emotional, and/or mental wellness.
- **Reasonable person concept** – tool to assist in assessment of the severity level of negative, or potentially negative, psychological outcome that a deficiency may have had on a reasonable person in the resident's position.



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Investigation of psychosocial outcomes

- Interviews – resident, family, friends, staff, ombudsman
- Observation
- Record Review
- Behavior before and after



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Reasonable Person Concept

- Let's talk about why
- When
 - No apparent changes in behavior
 - A resident unable to express feelings
 - Reaction is markedly different compared to a reaction of a reasonable person



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A resident

- Home
- Safe
- Dignity
- Privacy
- Trust
- Fail and vulnerable



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Surveyors will

- Residents' response and perspectives of others familiar with the resident.
- Apply reasonable person concept
- Document on 2567 when determining the psychosocial outcome for a deficiency.



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Examples of Severity Level 4 - IJ

- Anger, agitation, or distress that has caused aggression that can be manifested by self-directed responses.
- Crying, moaning, screaming, or combative behavior – not baseline.
- Fear/anxiety that may be manifested as panic, immobilization, and/or agitated behavior(s) (trembling, cowering)



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Level 3 Actual Harm

- Decline from former social patterns – not IJ level
- Depressed mood – manifested by verbal and nonverbal symptoms (slowed speech, thinking, body movements)
- Not related to medical diagnosis



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Level 2 No Actual Harm with Potential for More than Minimal Harm that is not IJ

- Sadness – facial
- Verbal disappointment
- Feelings or complaints of discomfort
- Irritability



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Level 1 – No Actual Harm with Potential for Minimal Harm

Not possible – any facility practice that results in reduction in psychosocial wellbeing diminishes the resident's quality of life.



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Examples – Likely to Cause IJ

Sexual assault

Unwanted touching

Sexual harassment

Any staff to resident physical, sexual, or mental/verbal abuse

Photos or videos that are demeaning or humiliating

Threats

Resident to resident physical abuse likely to result in fear or anxiety



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Psychosocial Outcomes – Additional Areas

- Resident Rights
- Freedom from Abuse, Neglect, and Exploitation
- Comprehensive Resident Centered Care Plans
- Quality of Life
- Quality of Care
- Behavioral Health Services
- Pharmacy Services



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Admissions Transfers Discharge

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Admission, Transfer, and Discharge (Phase 2)

Revised tag guidance

- F622 – Short term rehabilitation and not ready to leave the facility (§483.15 (c)(1)(2) – discrimination based on payor source should not occur.
- Facility initiated discharge
- Offer to remain and pay privately or assistance to apply for Medicaid
- Responsibility for payment if Medicaid denied
- Cannot be discharged for nonpayment while application for Medicaid is pending, or if found to be eligible



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F622 cont'd

- Emergent transfers to acute care and returning to nursing home.
 - Expected to return
 - Discharge based on current condition when seeking to return to nursing home.
 - Danger to resident or others is reason not to allow return and must be documented.
 - Discharge criteria at §483.15(c)(i) must be met.



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F622 cont'd

New deficiency categorization examples added:



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F623 – Notice Requirements Before Transfer/Discharge

- Must be in advance
- Specific location of transfer – address
- Changes to the notice – (destination) – new notice is required, and additional appeal rights might apply.
- §42 CFR 43.15(c)



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F626 – Residents Return to Facility

- Requirement to return after hospitalization or therapeutic leave – all residents all payment source
- Behold policy – apply to all residents
- Investigative procedures to help surveyors' investigation when a facility does not permit return related to unavailable bed or inability to meet a resident's needs.



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F626

- The example: actual harm
 - Resident lived in the nursing home for several months
 - Resident was transferred to a behavioral health hospital
 - The nursing home failed to allow the resident to return.
 - The hospital transferred the resident to a nursing home farther away resulting in increased anxiety and depression for the resident.



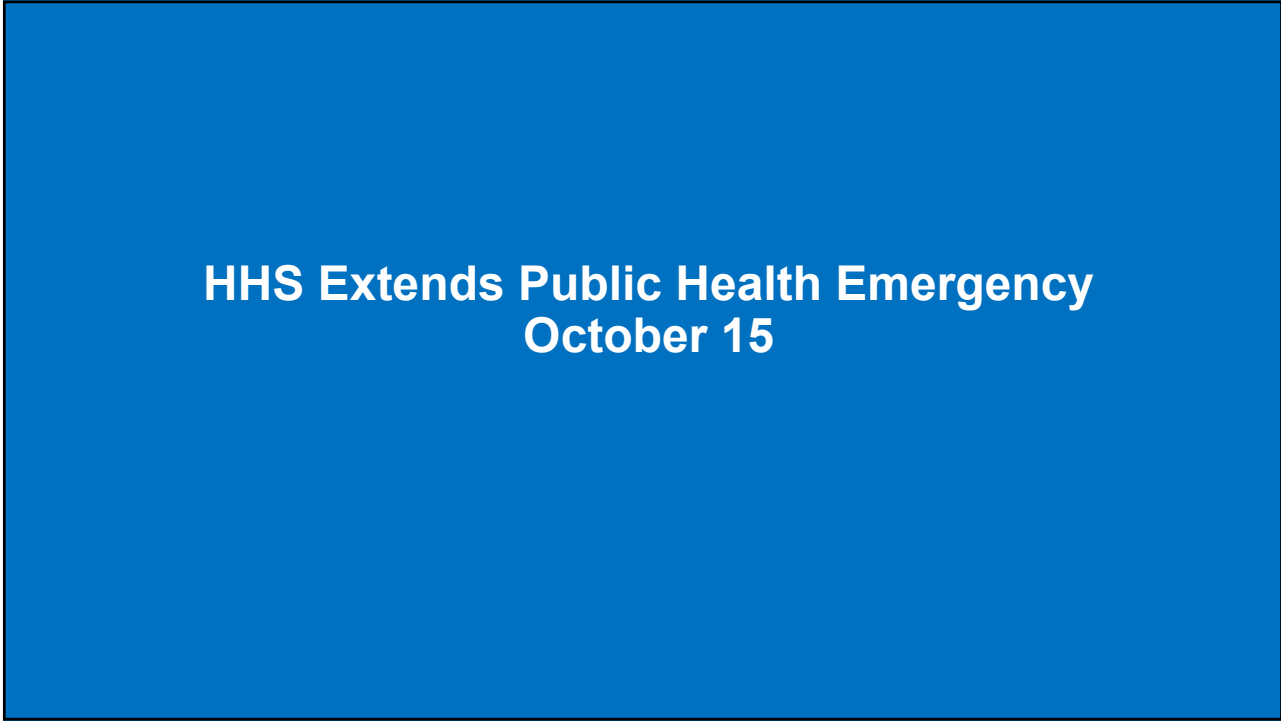
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622, 623, 626 Against Medical Advice Discharges

- Facility initiated discharges related to AMA need to meet requirements at §483.15(c).
- Forced, pressured, intimidated into leaving the facility



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THANK YOU!



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