

From: [Jennifer Cohen](#)
To: [DHS SDMAC](#)
Subject: [PHI]Public Comments
Date: Wednesday, May 06, 2020 4:27:14 PM

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To Whom It May Concern,

Please review comments specifically related to drafted advisory memos for PALTC providers to be reviewed on Tuesday, May 12.

Guidance on the role of COVID-19 testing in decisions around transfers from acute care hospitals to post-acute and long-term care facilities,

Hospitalized patients should be tested prior to transfer to PALTCF. Limiting the testing to patients exhibiting signs and symptoms drastically increases the risk and potential for asymptomatic introduction into a facility. While the test is not a guarantee that the individual will not later develop signs and symptoms or test positive, asymptomatic and atypical presentations can easily be overlooked and unintentionally expose a COVID-naïve facility. (Example: a stroke victim may not present with respiratory symptoms, however, the stroke may have been caused by the hypercoagulative effect of COVID-19 in certain individuals.) Currently the list of atypical symptoms include headache, confusion, rhinorrhea, sore throat, hemoptysis, vomiting, diarrhea, anosmia and ageusia. Many of these symptoms may be overlooked or attributed to other issues by the medical community or underreported by patients and would not result in testing. Therefore, having a universal testing expectation would provide the PALTCFs additional protection in keeping asymptomatic or pre-symptomatic patients from a naïve facility.

Asymptomatic and Pre-Symptomatic Infection

Several studies have documented SARS-CoV-2 infection in patients who never develop symptoms (asymptomatic) and in patients not yet symptomatic (pre-symptomatic).^{14,16,18-28} Since asymptomatic persons are not routinely tested, the prevalence of asymptomatic infection and detection of pre-symptomatic infection is not well understood. One study found that as many as 13% of RT-PCR-confirmed cases of SARS-CoV-2 infection in children were asymptomatic.¹⁴ Another study of skilled nursing facility residents infected with SARS-CoV-2 from a healthcare worker demonstrated that ***half were asymptomatic or pre-symptomatic at the time of contact tracing evaluation and testing***(emphasis added).²⁶ Patients may have abnormalities on chest imaging before the onset of symptoms.^{20,21} Some data suggest that pre-symptomatic infection tended to be detected in younger individuals and was less likely to be associated with viral pneumonia.^{20,21} <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Guidance on the disposition of medically stable post-acute and long-term care residents (PALTCF) with confirmed or clinically suspected COVID-19 infection

PALTCFs who do not feel they have the resources or the ability to care for COVID-19 positive

patients/residents should not be required or asked to maintain these individuals within their facility even if the facility is the individuals long term home. While guidance issues best practices, the feasibility in some facilities is not realistic. The risk of cross-contamination is very high and the resources available to most facilities are extremely taxed. Many facilities do not have a facility layout that would reasonably accommodate and separate COVID patients and staff caring for those individuals. Facilities do not have excess staff to be able to provide dedicated teams to care for individuals- particularly if the facility is able to maintain a small number of infected individuals. Facilities do not have access to appropriate PPE levels to best contain the virus and most facilities would be required to implement crisis capacity strategies very early on in the onset of an outbreak. All of these are acknowledge in the guidance, however, it appears that the guidance is still asking providers to care for these individuals despite those acknowledgements. Positive cases within a facility create an enormous risk to non-infected residents and staff. Early detection and removal from the PALTCF could prevent unnecessary death within the facility and hardships for the PALTCF. Currently, health and hospital systems throughout the state are reporting huge financial losses, staff furloughs and substantial bed capacity. It seems reprehensible that we would ask the PALTCFs to absorb the care of these individuals when seemingly the capacity already exists within many communities within the state. The PALTCF provider community is extremely resilient and comprised of incredibly bright and talented individuals. However, the characteristics of this particular illness are unprecedented and in many cases not entirely known or understood. Aggressive early identification, relocation and isolation of individuals away from other immune-compromised residents and those with complex comorbidities while they recover from the disease is the ideal circumstance until facilities can cohort, staff and provide PPE outside of crisis. The resident should only be re-introduced into the PALTCF when and if the individual is safely able to be removed from transmission based precautions or the facility can demonstrate and maintain non-crisis capacities.

Thank you for the opportunity to submit comments and I appreciate your consideration.

Respectfully submitted,
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From: [Bales, Abigail](#)
To: [DHS SDMAC](#)
Subject: Comments on proposed NH rules
Date: Wednesday, May 06, 2020 10:44:04 AM

I would like to provide my comments on the following document: COVID-19 Testing in Hospital-to-NH transfers.pdf

Since we know that asymptomatic or pre-symptomatic transmission is possible and introduction of COVID into a nursing home can have grave consequences for other residents, I feel it would be best practice to recommend testing ALL hospitalized patients for COVID prior to transfer to SNF. The guideline as written appears to try to take both side, saying all patients should be tested if rapid testing is available, but otherwise no testing at all is needed. I think non-rapid testing should be done at some point during the hospitalization; it doesn't necessarily need to be done immediately before discharge. The main concern would be that the patient was infected prior to hospital admission, not that they were infected during the hospitalization. The state now has good testing capacity and most tests turn around in 24 hours or less, so routine testing prior to SNF discharge should be feasible.

I also have comments regarding the document: Treating COVID-19 Residents in Place.pdf

I don't think that expecting SNFs to have COVID testing run on-site is likely to be feasible at any location and I don't think this is a useful recommendation to make. Perhaps coordination with local labs or hospitals could be useful to get more rapid turn around. The test can, of course, be collected on site by facility staff, as most are doing. If this is what the point 3B is trying to convey, the wording may need clarification.

I would not think that radiologic evidence of viral pneumonia would be a useful factor in determining if transfer is needed—clinical situation is much more important.

**Abby Bales | General Internist / Geriatrics Division Co-Chief (Metro)
Medical Director of Waunakee Manor Skilled Nursing Facility**

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From: [Cindy Robinson](#)
To: [DHS SDMAC](#)
Subject: COMMENTS
Date: Wednesday, May 06, 2020 2:09:14 PM

In regards to the guidance around decisions from hospital to PALTCFS, I am pleased, as is my staff, to have supporting documentation on the hospitals performing COVID testing before we take admissions, accommodating to our circumstances. I can speak for my facility that we really would like clearer guidance on PPE. For example, what is considered “appropriate” supplies when a facility is substituting recommended/approved PPE for alternative means, like ponchos replacing gowns. Guidance on the proper methods when using “other” choices for PPE? What about a resident of a PALTCF that gets sent to the hospital ED and may or may not get hospitalized and then will be returning to their PALTCF, at what point warrants screening?

Thank you for your consideration.

Cindy Robinson, LNHA

Administrator

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From: [William Steele](#)
To: [DHS SDMAC](#)
Subject: LTC Recommendations
Date: Wednesday, May 06, 2020 3:48:32 PM

The CDC has been clear in their concerns of the spread of COVID to our senior population. Additionally, COVID tests are considered only 60% accurate and as a result, CDC recommends TWO negative COVID residents. Also, we know asymptomatic patients that are actually COVID positive is not unheard of as the CDC has acknowledged. To allow any hospital to transfer a patient to a LTCF without TWO COVID negative results is unthinkable and in direct contradiction to the CDC. You are just setting the LTC industry up for State/Federal surveys with negative results and a media frenzy blaming the LTC industry for positive COVID residents. The State would be much better off placing their focus and resources on obtaining enough tests to allow hospitals to complete this task whether rural or not. If tests are not available for hospitals, this proposal should then not even be considered. You don't plan to bake a cake until you have the ingredients.

Bill Steele, NHA

From: [Jordon Bruce](#)
To: [DHS SDMAC](#)
Subject: Public Comment
Date: Wednesday, May 06, 2020 2:25:42 PM

Regarding the memo, titled ***Guidance on the role of COVID-19 testing in decisions around transfers from acute care hospitals to post-acute and long-term care facilities***, the SNF's should be able to demand/require/obtain a negative COVID test from a hospital patient immediately preceding their discharge to a SNF. Since so many people are asymptomatic, this is the only true way to ensure another resident doesn't bring COVID into a facility where there is currently no known COVID cases. They should also follow masking and infection control protocols while enroute to the facility.

Respectfully submitted,

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From: [Keuler, Marleah](#)
To: [DHS SDMAC](#)
Subject: SDMAC LTC Memos
Date: Wednesday, May 06, 2020 2:06:09 PM
Attachments: [image002.png](#)

Good Afternoon,

I would like to provide my comments regarding the SDMAC LTC Subcommittee memos that were recently released for public comment.

As a provider of post-acute care, our organization fully supports implementation of universal COVID-19 testing for hospital patients being considered for PALTCF placement. We feel this would significantly decrease the current risk that is associated with taking new admissions from the hospital when the patient's COVID-19 status is unknown. Each time a new admission comes in that a hospital does not test, we are putting our other 150 residents at risk. With the increased testing capacity, this should be a no-brainer. One of the hospital systems in our area has already implemented this, and it is extremely welcomed by the PALTCF provider community. The statement in the memo of "Test results in hospitals that lack access to rapid COVID-19 test platforms may take up to a week to return" does not seem accurate. Turnaround times for testing of hospital patients, especially those with a disposition of post-acute care, have been 24-48 hours even if these are being sent to the state lab. I understand this time may vary throughout different areas of the state, but then look at solving that smaller portion of the issue with assisting those hospitals to find ways to decrease turnaround times for testing.

Thank you for addressing these items needed further guidance.

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From: [G.](#)
To: [DHS SDMAC](#)
Subject: Testing from hospital to LTC
Date: Wednesday, May 06, 2020 5:10:46 PM

In regard to Guidance on the role of COVID-19 testing in decisions around transfers from acute hospitals to post acute and Long Term Care Facilities:

We as some of the long term care providers feel strongly that it is vital that Acute- care Hospitals be testing for COVID-19 prior to discharging a patient to any Long term Care setting. Preventative measures such as these may prevent the introduction of COVID -19 and spread of this virus to the residents in these settings. Proactive approach/actions will prevent many people from becoming ill and is a better proactive approach. Please consider adopting this...

Thank You for presenting this and asking for our thoughts...

From: [joe boero](#)
To: [DHS SDMAC](#)
Subject: Comments on proposed Guidance for COVID-19 Testing for Acute Care to PALTC transfer
Date: Thursday, May 07, 2020 3:04:28 PM
Attachments: [1. self-assessment icip focused survey tool.pdf](#)

Please consider these comments on the proposed guidance on the role of COVID19 testing in decisions about transfer of patients from Acute Care Hospitals to Post-acute and Long Term Care Facilities.

This first comment pertains to both Proposed Recommendation 1 and 2.

It is my opinion that each of the proposed guidance documents should include a section referring to clear specifications of test type employed by the acute care hospital and SNF when a patient is suspected of having acute COVID19 infection. That is, the testing procedure should specifically be described as a method approved for COVID-19 diagnosis of acute infections.

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

and

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-testing-sars-cov-2>

2. In Proposed Guidance 1, under **Recommendations**, It is my opinion that a more specific language should be included to describe a long term care facility's resource requirement for accepting transfer of the acute care patient who has pending results for COVID-19 testing when that test was done to evaluate typical or atypical signs and symptoms of CV19. These transferred patients are Persons Under Investigation.

Additionally, there should be language which considers the difference between a Person Under Investigation (who has signs and symptoms of infection with pending test results) as opposed to the patient considered for transfer who does not have symptoms or signs with or without pending testing. There is distinction between providing quarantine (enhanced PPE precautions) for infected patients or for Persons Under Investigation as compared to providing a period of isolation for a new SNF patient who is not infected and does not have signs and symptoms. The latter patient should be isolated for 14 days upon admission as a person with a possible exposure. The former should be assigned a bed in a quarantined unit or private room with dedicated staff until they recover and can satisfy facility policy of release from quarantine. The results of testing gives guidance to the SNF facility on how to manage each class of patient. And this Recommendation document should do a better job of describing the distinction in as simple language as possible. One way to do that in this first proposed guidance document is to utilize specific isolation terminology familiar to hospitals and long term care facilities such as is done in the second proposed guidance document.

The PALTC facility's preparedness plans for providing care to the two different patients are not identical and the accepting facility should have policies, procedures, personnel and resource prepared and available for each.

Next..., the first recommendation in this Proposed Guidance 1 says "all patients should be screened before transfer". Then, the current fourth recommendations says "PALTCF's should not require testing if..." and then hospitals are given a by with 4d "If referring hospitals lack ability to test...". The line "the hospital's lack of ability to perform rapid CV testing" should be removed and replaced with a statement that "hospitals unable to perform rapid CV testing should outsource CV19 testing". The entire recommendation suggesting that a PALTC facility should not insist upon pre-transfer testing should be removed. Besides, there must be payment advantage for a hospital to discharge bill the patient if that person has acute COVID infection. And, additionally, required testing before transfer may also clarify assignment of any potential facility responsibility for the notion of health care acquired cases of CV19.

Finally, in the second recommendation, "Hospitalized patients that exhibit..." Should be better stated as "Hospitalized patients who exhibit..."

For example:

RECOMMENDATIONS:

1. All hospitalized patients should be screened for signs and/or symptoms of COVID-19 prior to transfer to a PALTCF.

2. Hospitalized patients [who exhibit signs and/or symptoms of COVID-19](#) should be tested prior to transfer. Atypical manifestations of COVID-19 may be more common in frail older adults and this should be accounted for in screening procedures employed by hospitals and PALTCFs. [These are Persons Under Investigation.](#)

3. Hospitalized patients [who are Persons Under Investigation with typical or atypical signs or symptoms](#) should not routinely be transferred until COVID-19 testing results are available. [However, these Persons Under Investigation](#) with a pending COVID-19 test may be transferred to an adequately prepared PALTCF.

4. An adequately prepared PALTC facility may accept a [Person Under Investigation with typical or atypical COVID19 signs or symptoms when virus testing results are pending if:](#)

- a. [The facility has prepared and implemented a facility COVID-19 Management plan with policy, procedure, staff and resource adequate to meet the care and safety of their residents, employees, families and community. \(attachment 1\), and](#)
- b. [The facility has dedicated private bed space and staff to provide care in a quarantined manner, and](#)
- c. [The facility has ability to secure adequate PPE resources consistent with procedures iterated in Recommendation #2 in Proposed Guidance 2.](#)

5. [If the PALTCF admits an asymptomatic patient from an acute care hospital, the facility should have policy, procedure, staff and resource to provide a 14 day isolation period to observe for the development of typical and atypical signs and symptoms of CV-19 as well as to meet the patient's needs of care and rehabilitation.](#)

6.. [Hospitals with the ability to perform rapid COVID-19 testing should begin to implement testing of all patients being considered for transfer to a PALTCF. Hospitals without ability to perform rapid COVID-19 testing should outsource the service before patient transfer.](#)

7. A negative test result does not eliminate the possibility of COVID-19. PALTCFs should continue to maintain precautions recommended by CMS and CDC 2,3 when providing care for residents recently transferred from the hospital even in those situations where a COVID-19 test was performed and resulted negative. 2

Thank you,

Joe Boero MD, CMD

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for

COVID-19 Focused Survey for Nursing Homes

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

- Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
 - After contact with blood, body fluids, or visibly contaminated surfaces;
 - After contact with objects and surfaces in the resident's environment;
 - After removing personal protective equipment (e.g., gloves, gown, facemask); and
 - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
- When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

COVID-19 Focused Survey for Nursing Homes

- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

Personal Protective Equipment (PPE)

- Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
 - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
 - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
 - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
 - Do staff know how to obtain PPE supplies before providing care?
 - Do they know who to contact for replacement supplies?

Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

- Determine if appropriate Transmission-Based Precautions are implemented:
- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
 - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
 - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
 - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
 - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

COVID-19 Focused Survey for Nursing Homes

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
 - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?

Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.

If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? Yes No **F880**

2. Resident Care

If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.

Has the facility cancelled group outings, group activities, and communal dining?

COVID-19 Focused Survey for Nursing Homes

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

2. Did staff provide appropriate resident care? Yes No **F880**

3. IPCP Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? Yes No **F880**

4. Infection Surveillance

- How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

COVID-19 Focused Survey for Nursing Homes

- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance? Yes No **F880**

5. Visitor Entry

- Review for compliance of:
 - Screening processes and criteria (i.e., screening questions and assessment of illness);
 - Restriction criteria; and
 - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

5. Did the facility perform appropriate screening, restriction, and education of visitors? Yes No **F880**

6. Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the facility convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
 - Place them in a facemask and have them return home;
 - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and

COVID-19 Focused Survey for Nursing Homes

- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880

7. Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Yes No E0024

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.

Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS’s expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> • For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> ○ Facility-reported information; ○ CDC, state/local public health reports; ○ Available hospital information regarding patients transferred to the hospital; and/or ○ Complaint allegations. • Identify survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> ○ Medical record review ○ Telephonic interviews, such as: <ul style="list-style-type: none"> ▪ Surveillance policies ▪ First onset of symptoms ▪ Communication to facility leaders and health officials ○ Policy/Procedure Review <ul style="list-style-type: none"> ▪ Infect. Control/Prev. Plan ▪ Emerg. Prep. Plan, including contingency strategies (e.g., staffing) • Conduct survey exit discussion telephonically and draft the CMS-2567 offsite. 	<ul style="list-style-type: none"> • Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> Resident Care Observations: <ul style="list-style-type: none"> ○ Hand hygiene practices ○ Proper use/discarding of PPE ○ Cleansing medical equipment ○ Effective Transmission-Based Precautions Environmental observations: <ul style="list-style-type: none"> ○ Signage at entrances and resident rooms ○ Screening (staff at shift change, entrances, limiting nonessential staff) ○ Hand hygiene stations Interviews: <ul style="list-style-type: none"> ○ Policy/Procedure knowledge ○ Surveillance for sign/symptoms ○ Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately. 	<p>Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for self- assessment include all of the following:</p> <ol style="list-style-type: none"> 1. Standard Precautions; <ol style="list-style-type: none"> a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Resident care (including resident placement); 3. Infection prevention and control standards, policies and procedures; 4. Infection surveillance; 5. Visitor entry (i.e., screening, restriction, and education); 6. Education, monitoring, and screening of staff; and 7. Emergency preparedness – staffing in emergencies

Summary of the COVID-19 Focused Survey for Nursing Homes

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

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From: [Leslie Hagenson](#)
To: [DHS SDMAC](#)
Subject: COVID-19 Testing in Hospital-to-NH transfers
Date: Thursday, May 07, 2020 10:40:59 AM

As a SNF employee I am shocked that testing of potential nursing home admissions is not mandatory. Nursing homes are being bashed and blamed across the country for being COVID 19 reservoirs.... we did not create this pandemic; we are victims of this pandemic. I am in favor of this proposal however I believe that ALL potential admissions should be tested prior to admission; we have an extremely vulnerable population to protect and as the older population can present differently with COVID-19, it does not seem sufficient to subject them to the same guidelines as the rest of the population, especially since any individual can be asymptomatic but still be positive.

Thank you for your time,
Leslie

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From: [Schaetzl, Ron](#)
To: [DHS SDMAC](#)
Subject: Feed back
Date: Thursday, May 07, 2020 10:09:27 AM

Feedback on

The Guidance of disposition of medically stable post-acute and long term residents (PALTCF) with confirmed or clinically suspected COVID-19 infection.

Our feedback is under Recommendations #1 letter d.

I am not really sure what is meant by this sentence. Why would we allow it to be a “option” for someone to be tested if COVID-19 was suspected. It would be a concern for the facility and for public health to know if a resident was positive or negative for the care of the rest of the facility and the grater community at large. I would not think we make it an option?

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