IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

November 5th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

IDPH
Illinois Department of Public Health

Agenda

- Upcoming Webinars
- Review of LTC Guidance Updates
- Weekly LTC Reporting Requirements
- Point of Care Testing Reporting for COVID-19
- CMS & OSHA Vaccination Updates
- Visitation and Resident Rights
- Vaccine Success Story
- Open Q & A

Slides and recording will be made available after the session.

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, November 19th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ece5da24751a13f1e0d8d6e40a8362857

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

IDPH Illinois Department of Public Health

Clipartbest.com

Long-term Care Updates

HOLIDAY MEALS

Pam the CraftyGirl

Holiday Meals-Options to Consider & Requirements

1. Consider holding several shifts of meals or have breakfast, lunch, dinner options where families could join their loved ones
2. Hold separate meals for vaccinated and unvaccinated (if possible)
3. Tables must be at least 6 feet apart. Consider meals in rooms or apartments to ease congestion in dining hall
4. Ensure visitors are screened for signs/symptoms and temperatures taken before entry to the facility
5. No co-mingling of residents and families with other residents and families regardless of vaccination status
6. Masks must be worn to and from the dining hall. Masks must be worn unless ACTIVELY eating or drinking regardless of vaccination status
7. Provide alcohol-based hand rub at the entrance to the dining hall and ensure hand hygiene is done upon entry to the room
8. Disinfect surfaces thoroughly between meals

Holiday Meals

Eating a meal with the resident would be similar to a “visit”

- Abide by visitation requirements—wearing masks, physically distancing based upon vaccination status, screening, hand hygiene
- Separate the table from other residents (not to co-mingle)
- Residents with confirmed and suspected COVID-19 or those in quarantine should not be participating in communal dining (dine in room only)—follow visitation guidance for specifics

Leaving the building and enjoying meal in family’s home

- Remind residents to follow core infection prevention measures (hand hygiene, source control in crowds, physically distancing when feasible)
- Unvaccinated residents who are out of building 24 hours must quarantine upon return; otherwise, quarantine is not required for short durations out of the building
- Additional testing would be required when community transmission levels are substantial to high and residents are out of the building for 24 hours or more (applies to both vaccinated and unvaccinated residents)

Example of Unit-based Approach

Scenario 1: During routine testing of unvaccinated staff, Steve the full-time dishwasher tested positive. His positive specimen was collected on 10/1. He works only in the dietary department as a dishwasher.

Unit-based Approach Guidance

Guidance states: *Increase monitoring and screening of all residents and HCP for signs and symptoms of COVID-19 from daily to each shift to more rapidly detect those with new symptoms.*

Question: Should we really increase this for ***ALL*** residents, or just those on the affected unit?

Answer: All residents—COVID-19 is in the building. You want to rapidly detect anyone with new symptoms.

Question: We already have staff complete the universal screening tool at the start of each shift. Should we really have them complete the tool more frequently? If so, how frequently should we complete it? Is this for all staff or just those on the affected unit?

Answer: The guidance states "daily to each shift". All facilities should already be screening all HCP before they begin their shift of work for signs and symptoms of COVID-19. This should be what you are already doing. No need to increase the frequency of screening for staff.

Respond to a Newly Identified SARS-CoV-2-infected HCP or Resident

- Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak.
  - The approach to an outbreak investigation should take into consideration whether the facility has the experience and resources to perform individual contact tracing, the vaccination acceptance rates of staff and residents, whether the index case is a healthcare worker or resident, whether there are other individuals with suspected or confirmed SARS-CoV-2 infection identified at the same time as the index resident, and the extent of potential exposures identified during the evaluation of the index resident.
  - Consider increasing monitoring of all residents from daily to every shift, to more rapidly detect those with new symptoms.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Unit-based Approach Scenario

Guidance states : *Pause all visitation (except compassionate care, end-of-life, essential caregivers)* on the affected unit *until the first round of testing is performed and results are obtained.*

Remember this (pausing visitation) is being done simultaneously as testing of all residents and staff on the affected unit* ***AND as you investigate the outbreak (contact tracing)*

So initially, the visitation, communal dining, and activities on the affected unit are paused while you conduct testing, complete your investigation, and results are obtained…..it's from there that you evaluate whether the facility should pause visitations, etc. based upon your findings.

Question: Because this situation is contained only in the dietary department and involves no residents, would we pause visitation for anyone? Should we also pause communal dining and group activities or just visitation?

Answer: Normally, you would pause visitation (except compassionate care, end-of-life, essential caregivers) on the affected unit until the first round of testing is performed and results are obtained. You do not need to pause visits for the entire facility. Pause communal dining and group activities. In this scenario, no residents were involved so visitation, communal dining, activities do not need to be paused. Continue to test the affected department (dietary) every 3-7 days until no more positives for 14 days, test any staff with higher risk exposure with Steve from dietary. No residents involvement.

Determine which approach to use (Unit-based or Broad-based)

The facility initiated an outbreak investigation that evaluated whether Steve came in close contact with anyone 48 hours prior to his positive specimen collection, or if any of his coworkers had higher-risk exposure to him. It was determined he came in close contact with no residents, but he did eat lunch with a 3rd floor nurse (Jane) on 10/1 (date of positive specimen collection) during which time they were both unmasked and not physically distanced. Jane is fully vaccinated and as a result requires no work exclusion, but will need to be tested per exposure guidance (2 days post exposure and if negative, again between days 5-7 following exposure) Because this situation now involves two departments (dietary and nursing) can the facility proceed with the unit-based approach? Or is it not technically considered to involve multiple units because Jane has not tested positive yet?

- Test close contacts and HRE first. (No resident contact but Jane requires testing-- 2 days post exposure and if negative, again between days 5-7 following exposure
- Two units are not indicated at this point. NO other positive results---only the one dietary person so far---so unit based approach is sufficient. Continue to test dietary department every 3-7 days until no more positive cases for 14 days.

If Jane becomes positive, you have to expand the investigation facility wide since two units are now involved in outbreak.

Who is being tested? Next steps? (scenario continues)

Initial test results are received, and there are no other positives identified in those tested.

Question: If visitation is paused, they could resume visitation?

Answer: Yes, resume visitation, communal dining, activities for the unit involved. In this case, no unit was involved so residents should be allowed visitation, communal dining, activities.

Question: Who needs testing?

Test close contacts and HRE (No resident contact but Jane requires testing- 2 days post exposure and if negative, again between days 5-7 following exposure

Test dietary department every 3-7 days until no more positive cases for 14 days.

If Jane becomes positive, you have to expand the investigation facility wide since two units are now involved in outbreak.

- Continue investigation---did Jane have close contacts or HRE with staff 48 hours of her becoming positive? If so, those individuals need to be tested.
- Test all residents and staff regardless of vaccination status every 3-7 days until no more positive cases for 14 days.

Dining and Activities

Question:

In the new guidance for communal dining it does not say they have to social distance so if all residents are vaccinated they don't have to social distance during dining?

Answer:

- Physical distancing (6 feet) and source control are still recommended for unvaccinated residents.
- Vaccinated residents may sit without physical distancing but must wear source control unless actively eating or drinking
- This would apply to dining, group activities, sitting in common areas, etc.

IDPH Guidance-October 20, 2021
Visitation (page 17)—Visitors Wearing Source Control

If the resident and their visitor(s) are fully vaccinated, they can choose not to wear source control and have physical touch while in the resident's room or apartment.

Illinois Executive Order Number 18 (**COVID-19 EXECUTIVE ORDER NO. 85**), requires residents and visitors to wear source control while indoors in all areas of the facility other than their room(s) or apartments.

The first sentence was printed in the August 6, 2021 document and should have been removed from the October 20, 2021 guidance. ---THIS STATEMENT IS INVALID DUE TO THE EXECUTIVE ORDER NO. 85

There has been some confusion over how the second sentence is written and whether the resident and the visitor can remove their masks in the resident room or apartment. The IDPH team interpreted it to mean the resident can remove their mask BUT the visitor must always wear source control per the Executive Order. I have verified with regulatory and **visitors must wear source control at all times even while they are in the resident room/apartment**.

Reminder:

- Hospice should be allowed into facilities (they should be considered essential)

Onsite and tele-ICARs
(Infection Control Assessment & Response)

LTCF will be contacted by IDPH consultants to conduct onsite or telephone ICAR appointments

WE ARE NOT REGULATORY!

We are consultative --- wanting to evaluate your infection prevention program (COVID-specific or full assessment)—identify gaps/opportunities that may exist—and provide recommendations and resources to help improve your infection control programs! We are here to help!

Please be open and responsive when you receive a call or visit from the IDPH team:

Mike Bierman	Deb Burdsall	Michelle Ealy	Purisima Linchangco
Christine Pate	Deb Pulliam	Tom Roome	Karen Trimberger

New PPE Tables

Personal Protective Equipment (PPE) Requirements for Long-Term Care Facility Staff

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Resident with *suspected or confirmed COVID-19* (including any resident with symptoms). Wear PPE at all times. PPE use does not change based upon community transmission levels.					
Direct physical care		X	X	X	X
Close proximity to the resident(s)		X	X	X	X
In Resident room		X	X	X	X
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)		X	X	X	X
Nebulizers		X	X	X	X
Anytime on the COVID unit		X	X	X	X

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Unvaccinated Residents on Quarantine (identified as a close contact of the positive case, out overnight, new admission/readmission, unknown COVID-19 status). Wear PPE at all times. PPE use does not change based upon community transmission levels.					
Direct physical care		X	X	X	X
Close proximity to the resident(s)		X	X	X	X
In Resident room		X	X	X	X
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)		X	X	X	X
Nebulizers		X	X	X	X

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Vaccinated Residents identified as a close contact of a positive case. Resident to wear facemask 14 days post-exposure. The resident is not required to Quarantine or be restricted to their room.					
Direct physical care	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In Resident room	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)	Use community transmission levels to determine required PPE (see below)				
Nebulizers	Use community transmission levels to determine required PPE (see below)				

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Residents NOT suspected of COVID-19 or other respiratory illnesses (e.g., influenza). Community Transmission Levels are Substantial or High					
Direct physical care	X		Per Standard Precautions***	X	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	X	Per Standard Precautions***
In Resident rooms	X		Per Standard Precautions***	X	Per Standard Precautions***
Aerosol generating procedures (e.g., suctioning, CPAP/BIPAP, etc.)		X **N95 and eye protection must be worn for 60 minutes post use of CPAP/BIPAP when in resident room to allow air contaminants to be removed**	Per Standard Precautions***	X	Per Standard Precautions***
Nebulizers	X		Per Standard Precautions***	X	Per Standard Precautions***
In facility common areas	X		Per Standard Precautions***	X	Per Standard Precautions***
Employee only areas--per IL Executive Order—unless eating or drinking	X			X	

	Facemask* (not a cloth mask)	N95/Respirator**	Gloves	Eye Protection	Gown
Residents NOT suspected of COVID-19 or other respiratory illnesses (e.g., influenza). Community Transmission Levels are Low to Moderate					
Direct physical care	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Close proximity to resident(s)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In Resident room	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Aerosol generating procedures (suctioning, CPAP/BIPAP, etc.)	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
Nebulizers	X		Per Standard Precautions***	Per Standard Precautions***	Per Standard Precautions***
In facility common areas	X		Per Standard Precautions***	Per Standard Precautions***	
Employee only areas-- per IL Executive order--unless eating or drinking	X				

Updated 11/2/2021

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Long-Term Care Interim Guidance
10/19/2021 (subject to change)
General Principles for Nebulizer Treatments

Guidance for Nebulizer treatments for asymptomatic residents who are <u>Not Suspected</u> to have COVID-19 (regardless of the resident's vaccination status)

1. Follow the same procedures listed above for the administration and post-treatment of nebulizers. PPE requirements are based upon the community transmission levels of COVID-19.
2. In areas with **substantial to high community transmission levels**:

- At a minimum, HCP must wear N95 and eye protection.
- Gown and gloves to be worn per Standard Precautions needs (e.g., resident is coughing, clearing the throat, etc.).
- N95 and eye protection must be worn for 60 minutes post use of CPAP/BIPAP when in resident room (to allow air contaminants to be removed)

1. In areas with **low to moderate community transmission levels**:

- At a minimum, HCP must wear a well-fitted face mask.
- N95 respirators may be worn if HCP prefers to wear a respirator.
- Gown and gloves to be worn per Standard Precautions needs (e.g., resident is coughing, clearing the throat, etc.)

Weekly LTC reporting requirements for **aggregate** testing and vaccination data

LTC facility type	Reporting Location
CMS-certified	National Healthcare Safety Network (NHSN)
Non-CMS-certified, IDPH licensed*	https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744 (New)

*Emergency rules to be issued.

Smartsheet Reporting – Data Errors

Vaccinations

Has your facility scheduled booster or additional dose clinics? *

- (●) Yes
- ( ) No

Date of Booster Vaccination Clinic *

Total # of Staff *

-6

Total # of Staff Fully Vaccinated *

1

Total # of Staff Receiving Booster or Additional Dose *

-1

Total # of Residents *

Total # of Residents Fully Vaccinated *

Total # of Residents Receiving Booster or Additional Dose *

New process will be implemented:

If errors are detected, an email will automatically be sent to the facility contact to correct the error.

CORRECTION NEEDED: LTC COVID-19 Vaccination and Testing Reporting

B

Brianna Klein via Smartsheet <automation@app.smartsheet.com>
Thu 11/4/2021 1:58 PM
To: Tang, Angela

Data errors were detected in both the staff and resident data fields. Data entry errors MUST be corrected within 72 hours of the data entry.

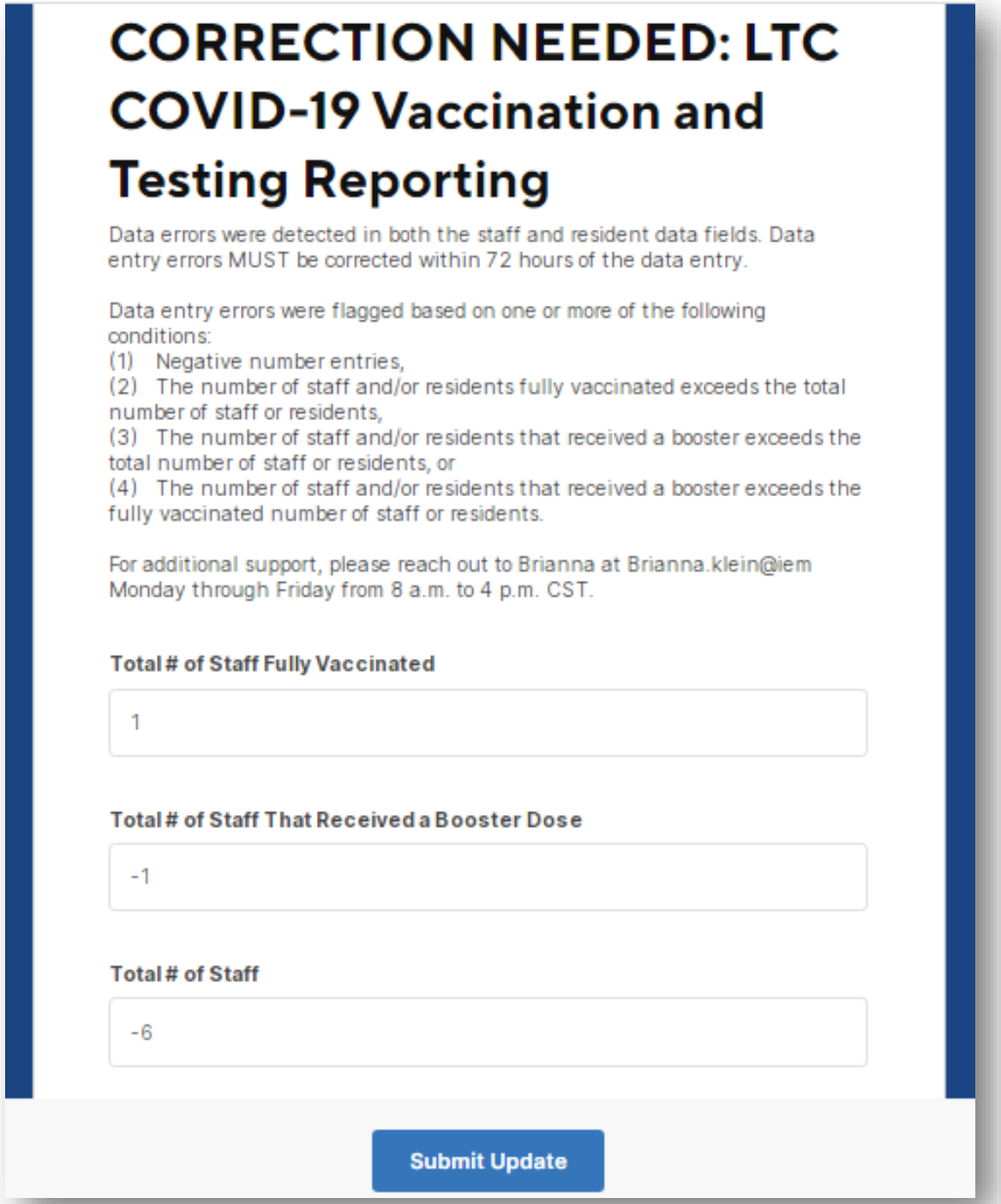
Data entry errors were flagged based on one or more of the following conditions:
(1) Negative number entries,
(2) The number of staff and/or residents fully vaccinated exceeds the total number of staff or residents,
(3) The number of staff and/or residents that received a booster exceeds the total number of staff or residents, or
(4) The number of staff and/or residents that received a booster exceeds the fully vaccinated number of staff or residents.

For additional support, please reach out to Brianna at Brianna.klein@iem Monday through Friday from 8 a.m. to 4 p.m. CST.

Open Update Form

Row 283

Total # of Staff Fully Vaccinated	1
Total # of Staff That Received a Booster Dose	-1
Total # of Staff	-6
Total # of Residents Fully Vaccinated	4



Clicking on “Open Update Form” will take you to the smartsheet website where you can correct the flagged fields.

Note: These are example emails and forms. Text may be modified before this is put into production.

LTC reporting requirements for **individual** SARS-CoV-2 point-of-care test results

Reminder: Any entity that is doing point-of-care testing (e.g., BinaxNOW antigen test) must report each test result (positive, negative, or indeterminate) to public health authorities.

LTC facility type	Reporting Location
CMS-certified	National Healthcare Safety Network (NHSN) or IDPH REDCap
All other LTC	IDPH REDCap

LTC reporting requirements for **individual** SARS-CoV-2 point-of-care test results

Reminder: Any entity that is doing point-of-care testing (e.g., BinaxNOW antigen test) must report each test result (positive, negative, or indeterminate) to public health authorities.

LTC facility type	Reporting Location
CMS-certified	National Healthcare Safety Network (NHSN) or IDPH REDCap → SimpleReport **(New)**
All other LTC	IDPH REDCap → SimpleReport **(New)**

Point of Care Testing Reporting for COVID-19

- When you start testing **in house**, you are required to report **all COVID-19 tests and tests (positives, negatives, and indeterminates) resulted at your facility.**

- We are transitioning all facilities using the IDPH Point of Care portal with the unique link to your facility to **Simple Report**.

- **Simple Report** is a free tool developed by the CDC and the United States Digital Service to capture and send point of care testing results to the public health authorities. For more information see here: https://simplereport.gov/

Point of Care Testing Reporting for COVID-19

- Simple Report Benefits:
  - All results entered are sent to IDPH every two hours.
  - Simple Report replaces the need to enter information into the IDPH POC Portal.
  - Facilities can manage their users and their sites after registering one person that will server as an admin.
  - You can upload a list of individuals and search for those individuals without having to enter all information each time testing, cutting down on time spent with data entry.
  - You can view the record after submission in Simple Report for your records. All information is retained forever in Simple Report, and all historical data will be present if needed for auditing purposes.

Point of Care Testing Reporting for COVID-19

- IDPH will be sending out communication to all current facilities submitting results to the IDPH POC Reporting Portal to transition in the coming weeks. Keep your eye out for communication from dph.elrresp@illinois.gov and read the instructions carefully.

- If you would like to switch over sooner, you may email dph.elrresp@illinois.gov and request to be switched to Simple Report.

- Questions can be directed to dph.elrresp@illinois.gov

Point of Care Testing Reporting for COVID-19

- Common questions:
  - Only one registrant per facility is needed for Simple Report or one registrant per system if facility is part of a large system of facilities.
  - Upon registering for Simple Report, your identity will be verified via Equifax. This is required by the CDC and the US Digital Service.
  - If you have issues with the registration process or any other Simple Report issue, please contact support@simplereport.gov
  - Once you start reporting into Simple Report, you may stop entering into the IDPH POC Reporting Portal.

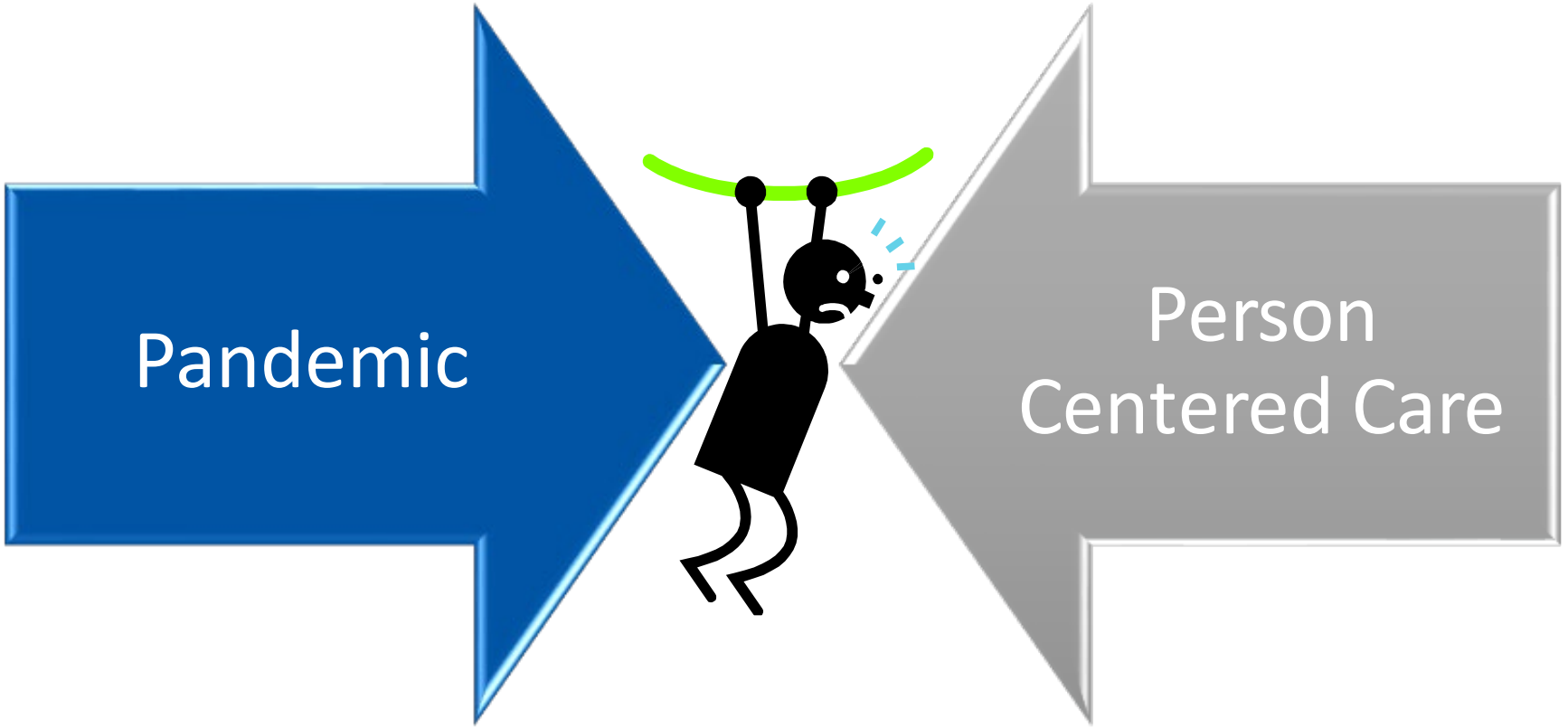
NHSN UPDATE - COVID-19 VACCINATION MODULE

- For the reporting week ending 10/31, 84 SNFs reported 0 residents eligible for a 3rd/booster dose in NHSN.

- Who is eligible for a booster/3rd dose?
  - Individuals who are immunocompromised
  - People who received an mRNA primary vaccine series ≥ 6 months ago and
    - Are ≥ 65 years old
    - Residents ≥ 18 years old in long-term care settings
    - Individuals ≥ 18 years old who work or live in high-risk settings (e.g. health care)
    - Individuals ≥ 18 years old with certain underlying medical conditions
  - People aged ≥ 18 years who received a Janssen primary series ≥ 2 months ago
  - Full guidance here: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

- In NHSN weekly reporting the number of individuals eligible for 3rd/booster dose is cumulative, like the number of individuals fully/partially vaccinated.

Balancing Pandemic Restrictions vs. Person-Centered Care



We Have the Tools!!! We Have the Talent to Stop This Pandemic!!!!

- Source Control
- Hand Hygiene
- Respiratory Protection and Improved Ventilation
- Vaccinations
- Testing
- Monoclonal Antibodies (mAb)

General Vaccine Administration

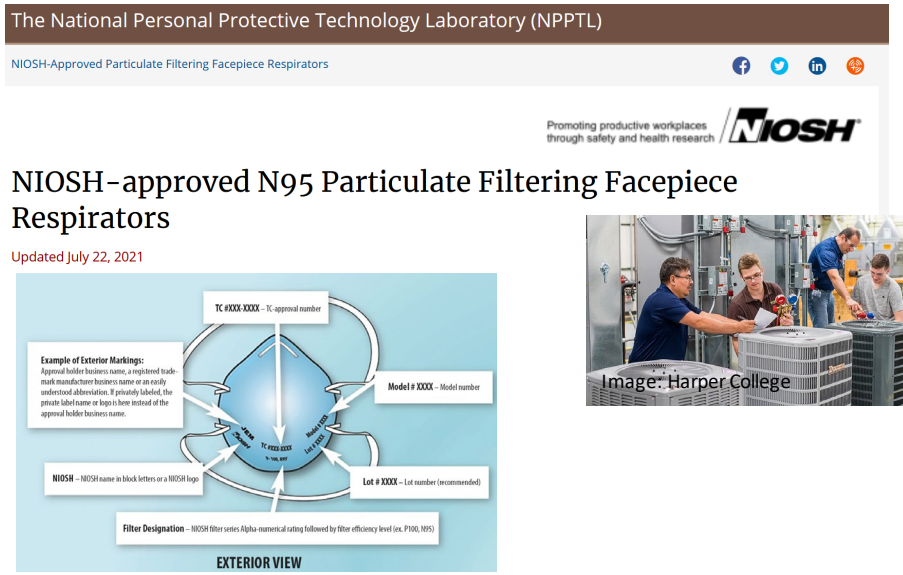
Source Control / PPE

Detection, Isolation

Screening and Surveillance

Hand Hygiene

Surface Cleaning / Disinfecting



Respiratory Protection / Ventilation

Core Infection Prevention Practices

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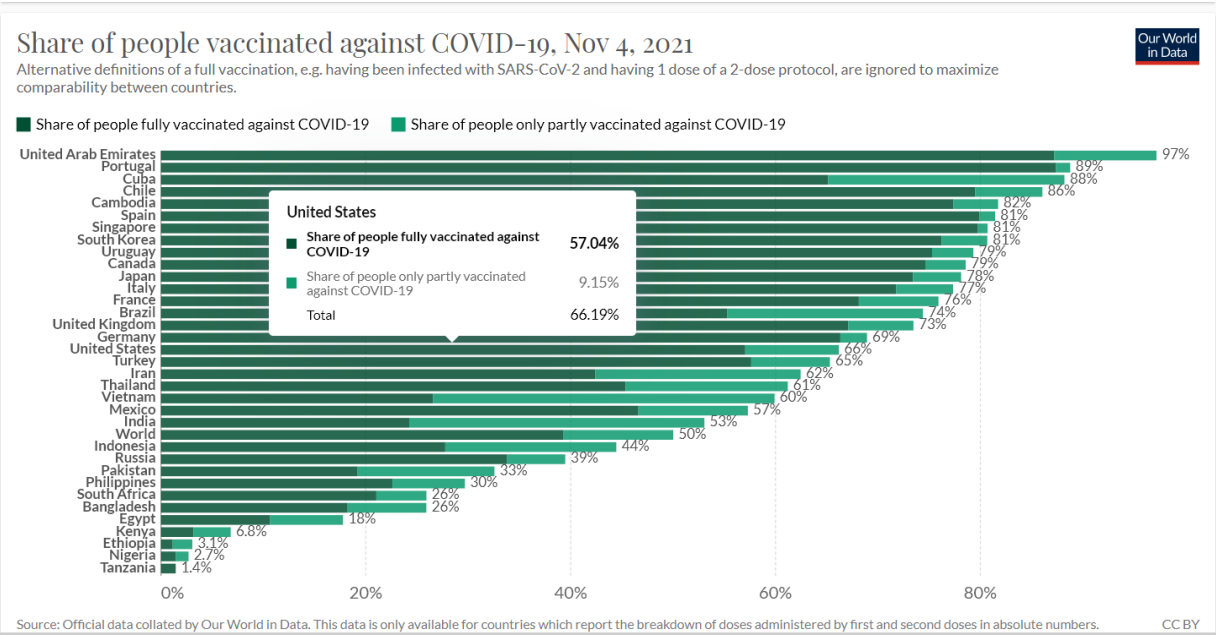
7.91 Billion Doses of Vaccine Given Worldwide
50% of the World Population and 43% of the US Population
STILL NOT VACCINATED



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Statement – Update on COVID-19: Europe and central Asia again at the epicentre of the pandemic

29

Statement by Dr Hans Henri P. Kluge, WHO Regional Director for Europe

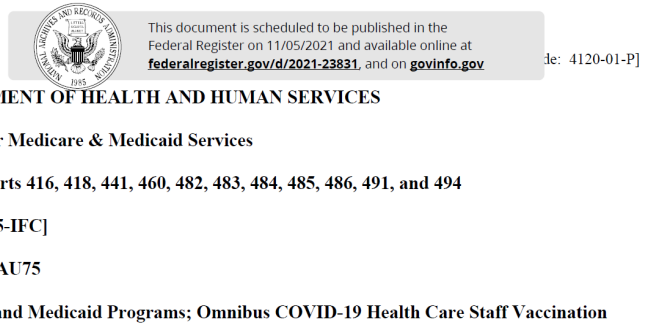
4 November 2021

Good morning, good afternoon,

Today, every single country in Europe and central Asia is facing a real threat of COVID-19 resurgence, or already fighting it. The current pace of transmission across the 53 countries of the WHO European Region is of

CMS: No Testing Option

- Ambulatory Surgical Centers (ASCs) (§ 416.51)
- Hospices (§ 418.60)
- Psychiatric residential treatment facilities (PRTFs) (§ 441.151)
- Programs of All-Inclusive Care for the Elderly (PACE) (§ 460.74)
- Hospitals (acute care hospitals, psychiatric hospitals, hospital swing beds, long term care hospitals, children's hospitals, transplant centers, cancer hospitals, and rehabilitation hospitals/inpatient rehabilitation facilities) (§ 482.42)
- Long Term Care (LTC) Facilities, including Skilled Nursing Facilities (SNFs) and
- Nursing Facilities (NFs), generally referred to as nursing homes (§ 483.80)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID) (§ 483.430)
- Home Health Agencies (HHAs) (§ 484.70)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs) (§§ 485.58 and 485.70)
- Critical Access Hospitals (CAHs) (§ 485.640)
- Clinics, rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services (§ 485.725)
- Community Mental Health Centers (CMHCs) (§ 485.904)
- Home Infusion Therapy (HIT) suppliers (§ 486.525)
- Rural Health Clinics (RHCs)/Federally Qualified Health Centers (FQHCs) (§ 491.8)
- End-Stage Renal Disease (ESRD) Facilities (§ 494.30)



This document is scheduled to be published in the Federal Register on 11/05/2021 and available online at federalregister.gov/d/2021-23831, and on govinfo.gov

de: 4120-01-P]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 416, 418, 441, 460, 482, 483, 484, 485, 486, 491, and 494

[CMS-3415-IFC]

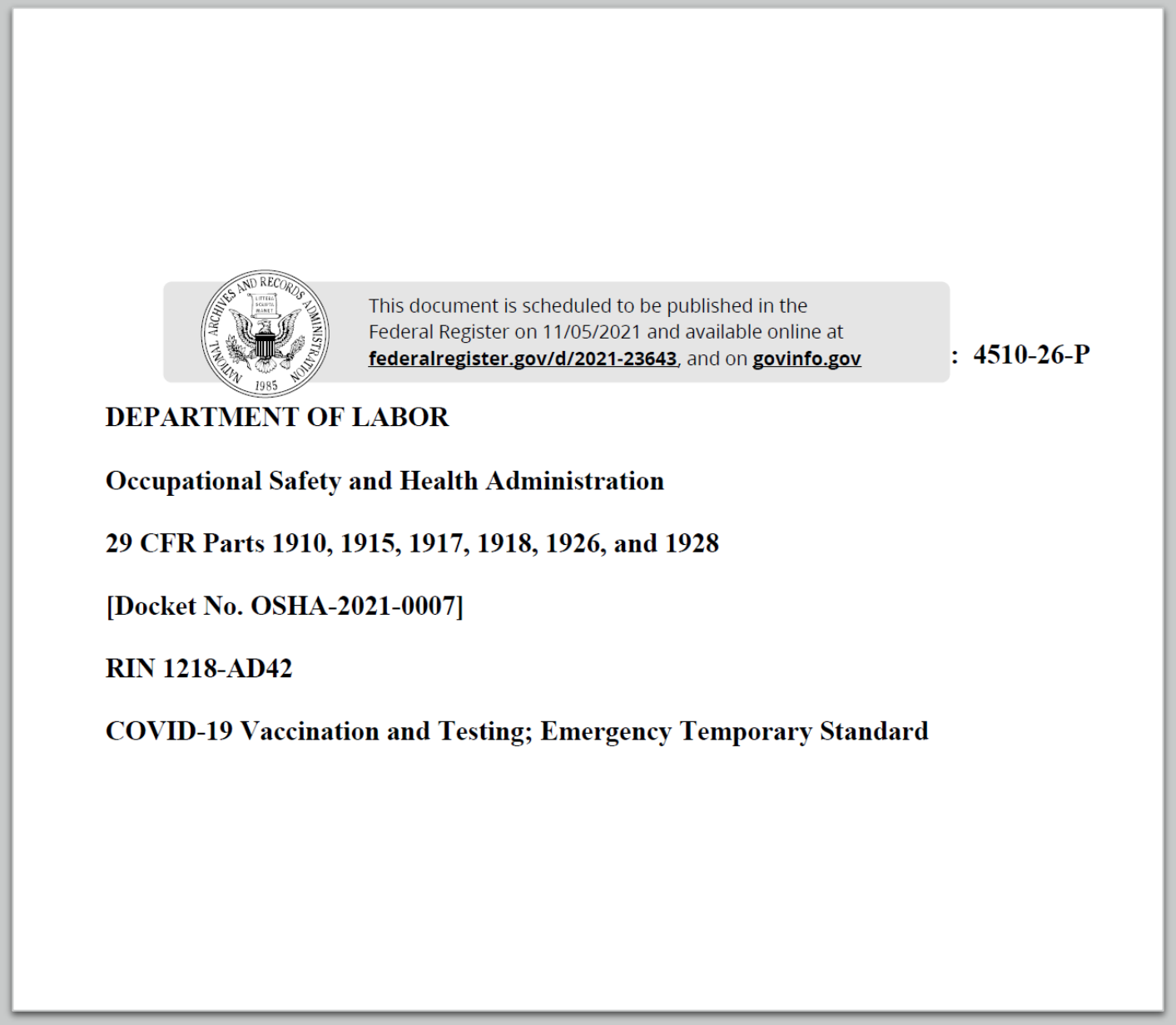
RIN 0938-AU75

Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

OSHA Vaccine Emergency Temporary Standard (ETS) 100 employees or more

- Testing/Masking Option
- 100 employees TOTAL, not per site
- Consistent with current IDPH for most sites



This document is scheduled to be published in the Federal Register on 11/05/2021 and available online at federalregister.gov/d/2021-23643, and on govinfo.gov

: 4510-26-P

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

29 CFR Parts 1910, 1915, 1917, 1918, 1926, and 1928

[Docket No. OSHA-2021-0007]

RIN 1218-AD42

COVID-19 Vaccination and Testing; Emergency Temporary Standard

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

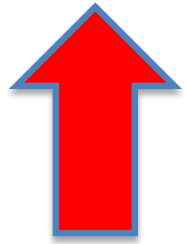
Ref: QSO-20-39-NH

DATE: **September 17, 2020**

REVISED 04/27/2021

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group



Watching this CMS QSO Carefully

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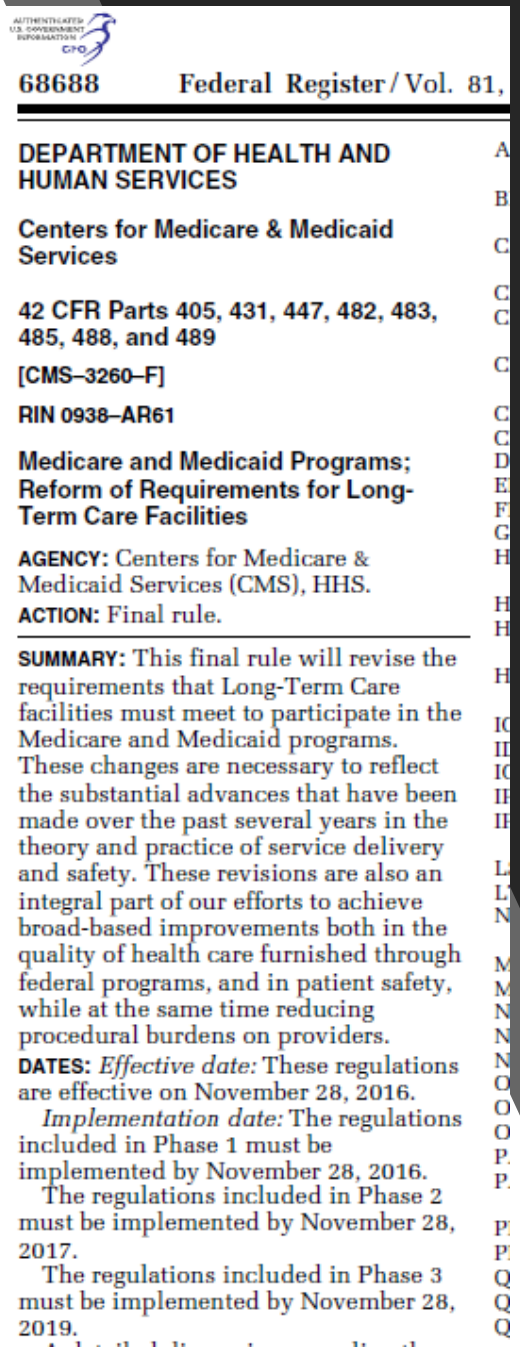

68688 Federal Register / Vol. 81,

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489

[CMS–3260–F]

RIN 0938–AR61

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.

SUMMARY: This final rule will revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. These changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These revisions are also an integral part of our efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

DATES: *Effective date:* These regulations are effective on November 28, 2016.

Implementation date: The regulations included in Phase 1 must be implemented by November 28, 2016.

The regulations included in Phase 2 must be implemented by November 28, 2017.

The regulations included in Phase 3 must be implemented by November 28, 2019.

What Do Resident's Rights Have to Do with COVID-19?

- Resident Rights (§ 483.10)
  - 1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.
  - (3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.
  - (4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.
- Person-centered care. For purposes of this subpart, person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.

Visitation - Updated

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f)(4)(v). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated below. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.

- **The safest practice is for residents and visitors to wear source control and physically distance, particularly if either of them are at risk for severe disease or are unvaccinated.**

- https://dph.illinois.gov/covid19/community-guidance/long-term-care.html

ANGELA SIMMONS
ADMINISTRATOR

VACCINE ROLLOUT

In December, we established a relationship and plan with Southern 7 Health Department to secure the first round of vaccinations. We sent mass mailing of consent forms and FAQs for residents and staff. In addition, we contacted each resident and family member to discuss risks versus benefits.

December 30th all residents with the exception of one received the first vaccine as well as 25 staff members.

January 27th the second vaccine as well as five more staff received their first shot.

EXECUTIVE ORDER

On August 26, 2021, JB Governor Pritzker issued COVID -19 Executive Order No 87.

The order stated*:*

All State Employees at State owned or operated congregate facilities must have the first dose of a two-dose COVID-19 vaccine series or one dose of a single-dose COVID vaccine by no later than October 4, 2021, and the second-dose of a two-dose COVID-19 series by no later than November 18, 2021.

Two additional Executive Orders were issued, and an agreement was signed between all bargaining units which subsequently led to the final deadline for the first-dose on or before October 26th and the second-dose no later than 35 days thereafter.

Towards the end of August, the Anna Veterans home had only reached a vaccination rate of 51% for staff and contracted staff.

We were faced with the potential of losing 49% of our staff.

TAKING ACTION

Five major action items were implemented:

Education – Posted FAQs regarding all vaccines that are available, and ensured supervisors were available to answer questions.

Availability of the vaccine – Reached out to the local health department to ensure they could accommodate walk-ins, reached out to all the local pharmacies as well. Allowed employees to leave during their shift to get vaccinated; and offered employees a "free sick day" if they experienced side effects.

Confidentiality – Vaccine shaming was a contributing factor to vaccine hesitancy. We ensured that their own personal choice to be vaccinated will not be shared with anyone.

Personal Conversations – I personally reached out to staff that I knew had safety fears regarding the vaccine. I reminded them what a major role they play in the health and welfare in the lives of our residents as well as their own families.

Peer involvement- When staff submitted proof of vaccination, I encouraged them to talk to any or their co-workers that still had vaccine hesitancy to calm their fears or concerns.

CURRENT STATUS

Out of 84 employees (including contracted employees) all but two are now vaccinated.

Five of our staff have applied for a medical or religious exemptions and are awaiting results of the reviewal process.

COVID statistics from the beginning of the pandemic:

Positive residents	Residents recovered	Positive staff	Staff recovered	Current positive
10	10	33	33	0

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**