Nursing Home and Assisted Living Oversight Work Group

Connecticut Department of Public Health

December 3, 2020

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Connecticut Department of Public Health Keeping Connecticut Healthy

Nursing Home Oversight

- Certification with the Centers for Medicare and Medicaid Services (CMS)
  - Annual certification surveys conducted by Department of Public Health
    - Surveys review compliance with the Code of Federal Regulations (CFR) , 42CFR part 483, subpart B, 483.5-483.95

      https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes;
    - Compliance teams comprised of ~4 nurses and surveys conducted over a 4 day period; and
    - Surveys include tour/observations of the environment including resident areas, kitchen, and housekeeping services, medical record review, review of systems and most importantly, interviews with residents, resident families and staff.
    - Observations, particularly
    - Staffing reviewed on all surveys, e.g. licensure, monitoring visit, certification, complaints
- Licensure survey inspections conducted every 2 years and compliance with the Regulations of the Connecticut State Agencies is assessed, 19-13-D8t.
    - https://eregulations.ct.gov/eRegsPortal/Browse/RCSA/Title_19Subtitle_19-13Section_19-13-d8t/

Reporting Requirements

Sec. 19a-215. (Formerly Sec. 19-89). Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements. Confidentiality. Fines. (a) For the purposes of this section:

(1) “Clinical laboratory” means any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological or other examinations of human body fluids, secretions, excretions or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention or treatment of any human disease or impairment, for the assessment of human health or for the presence of drugs, poisons or other toxicological substances.

(2) “Commissioner's list of reportable diseases, emergency illnesses and health conditions” and “commissioner's list of reportable laboratory findings” means the lists developed pursuant to section 19a-2a.

(3) “Confidential” means confidentiality of information pursuant to section 19a-25.

(4) “Health care provider” means a person who has direct or supervisory responsibility for the delivery of health care or medical services, including licensed physicians, nurse practitioners, nurse midwives, physician assistants, nurses, dentists, medical examiners and administrators, superintendents and managers of health care facilities.

(5) “Reportable diseases, emergency illnesses and health conditions” means the diseases, illnesses, conditions or syndromes designated by the Commissioner of Public Health on the list required pursuant to section 19a-2a.

(b) A health care provider shall report each case occurring in such provider's practice, of any disease on the commissioner's list of reportable diseases, emergency illnesses and health conditions to the director of health of the town, city or borough in which such case resides and to the Department of Public Health, no later than twelve hours after such provider's recognition of the disease. Such reports shall be in writing, by telephone or in an electronic format approved by the commissioner. Such reports of disease shall be confidential and not open to public inspection except as provided for in section 19a-25.

(c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. A clinical laboratory that reports an average of more than thirty findings per month shall make such reports electronically in a format approved by the commissioner. Any clinical laboratory that reports an average of less than thirty findings per month shall submit such reports, in writing, by telephone or in an electronic format approved by the commissioner. All such reports shall be confidential and not open to public inspection except as provided for in section 19a-25. The Department of Public Health shall provide a copy of all such reports to the director of health of the town, city or borough in which the affected person resides or, in the absence of such information, the town where the specimen originated.

(d) When a local director of health, the local director's authorized agent or the Department of Public Health receives a report of a disease or laboratory finding on the commissioner's lists of reportable diseases, emergency illnesses and health conditions and laboratory findings, the local director of health, the local director's authorized agent or the Department of Public Health may contact first the reporting health care provider and then the person with the reportable finding to obtain such information as may be necessary to lead to the effective control of further spread of such disease. In the case of reportable communicable diseases and laboratory findings, this information may include obtaining the identification of persons who may be the source or subsequent contacts of such infection.

(e) All personal information obtained from disease prevention and control investigations as performed in subsections (c) and (d) of this section including the health care provider's name and the identity of the reported case of disease and suspected source persons and contacts shall not be divulged to anyone and shall be held strictly confidential pursuant to section 19a-25, by the local director of health and the director's authorized agent and by the Department of Public Health.

(f) Any person who violates any reporting or confidentiality provision of this section shall be fined not more than five hundred dollars. No provision of this section shall be deemed to supersede section 19a-584.

Reporting Requirements

Public Health Code: Infection Control

(t) **Infection control.**

(1) Each facility shall have an infection control committee which meets at least quarterly, and whose membership shall include representatives from the facility's administration, medical staff, nursing staff, pharmacy, dietary department, maintenance,

and housekeeping. Minutes of all meetings shall be maintained.

(2) The committee shall be responsible for the development of:

(A) an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from institution-associated or community-associated infections; and

(B) policies and procedures for investigating, controlling and preventing infections in the facility and recommendations to implement such policy.

(3) The facility shall designate a registered nurse to be responsible for the day to-day operation of a surveillance program under the direction of the infection control committee.

Federal Regulations

- §483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

- §483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

Federal Regulations

- §483.80(a)(2) Written standards, policies, and procedures for the program
- §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.
- §483.80(e) Linens.
- Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
- §483.80(f) Annual review.
- The facility will conduct an annual review of its IPCP and update their program, as necessary

CMS Infection Preventionist

- ***Phase 3 of the Mega rule, effective 11/28/19 required an Infection Preventionist***
- ***"Infection preventionist"****: term used for the person(s) designated by the facility to be responsible for the infection prevention and control program.* ***NOTE:*** *Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3."*

Federal Regulations

(Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)

§483.80(b) Infection preventionist

[§483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)]

The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:

- §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- §483.80(b)(2) Be qualified by education, training, experience or certification;
- §483.80(b)(3) Work at least part-time at the facility; and
- §483.80(b)(4) Have completed specialized training in infection prevention and control.
- §483.80 (c) IP participation on quality assessment and assurance committee.
- The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

[§483.80(c) will be implemented beginning November 28, 2019 (Phase 3)]

Facility Assessment: Federal Requirement

- FACILITY ASSESSMENT

Pursuant to §483.70(e) (F838), the facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include a facility-based and community-based risk assessment, utilizing an all-hazards approach. The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

Quality Assurance and Performance Improvement (QAPI)

- §483.75(g) Quality assessment and assurance.
- §483.75(g)(1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of:
- (i) The director of nursing services;
- (ii) The Medical Director or his/her designee;
- (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and
- (iv) The infection preventionist.
- [483.75(g)(1)(iv) Implemented beginning November 28, 2019(Phase 3)]

Critical IC Activities

- Surveillance
  - **Process Surveillance:** The purpose is to identify whether staff implement and comply with the facility's IPCP policies and procedures. Areas include

    Hand hygiene;

    Appropriate use of personal protective equipment (e.g., gowns, gloves, facemask);

    Injection safety;

    Point-of-care testing (e.g., during assisted blood glucose monitoring); and

    Implementation of infection control practices for resident care such as but not limited to urinary catheter care, wound care, injection/IV care, fecal/urinary incontinence care, skin care, respiratory care, dialysis care, and other invasive treatments.

QSO 20-29

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

CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-29-NH

DATE: **May 6, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

QSO 20-29

Updates to the COVID-19 Focused Survey for Nursing Homes

CMS has updated the "COVID-19 Focused Survey for Nursing Homes," "Entrance Conference Worksheet," "COVID-19 Focused Survey Protocol," and "Summary of the COVID-19 Focused Survey for Nursing Homes" to include an updated assessment of the new requirements for facilities to report to the NHSN and to residents, their representatives, and their families. These updated forms are posted to the Survey Resources fo COVID-19 Focused Survey sub-folder on the CMS Nursing Homes website. Surveyors should begin using these revised documents immediately, and facilities should also begin using the revised "COVID-19 Focused Survey for Nursing Homes" to perform their self-assessment. The documents include the following new deficiency tags for citing noncompliance with the new requirements:

FIC Tool

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880, *F882*, F884 (CMS Federal surveyors only), F885, *F886*, and E0024. Surveyors must 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 identifies 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.

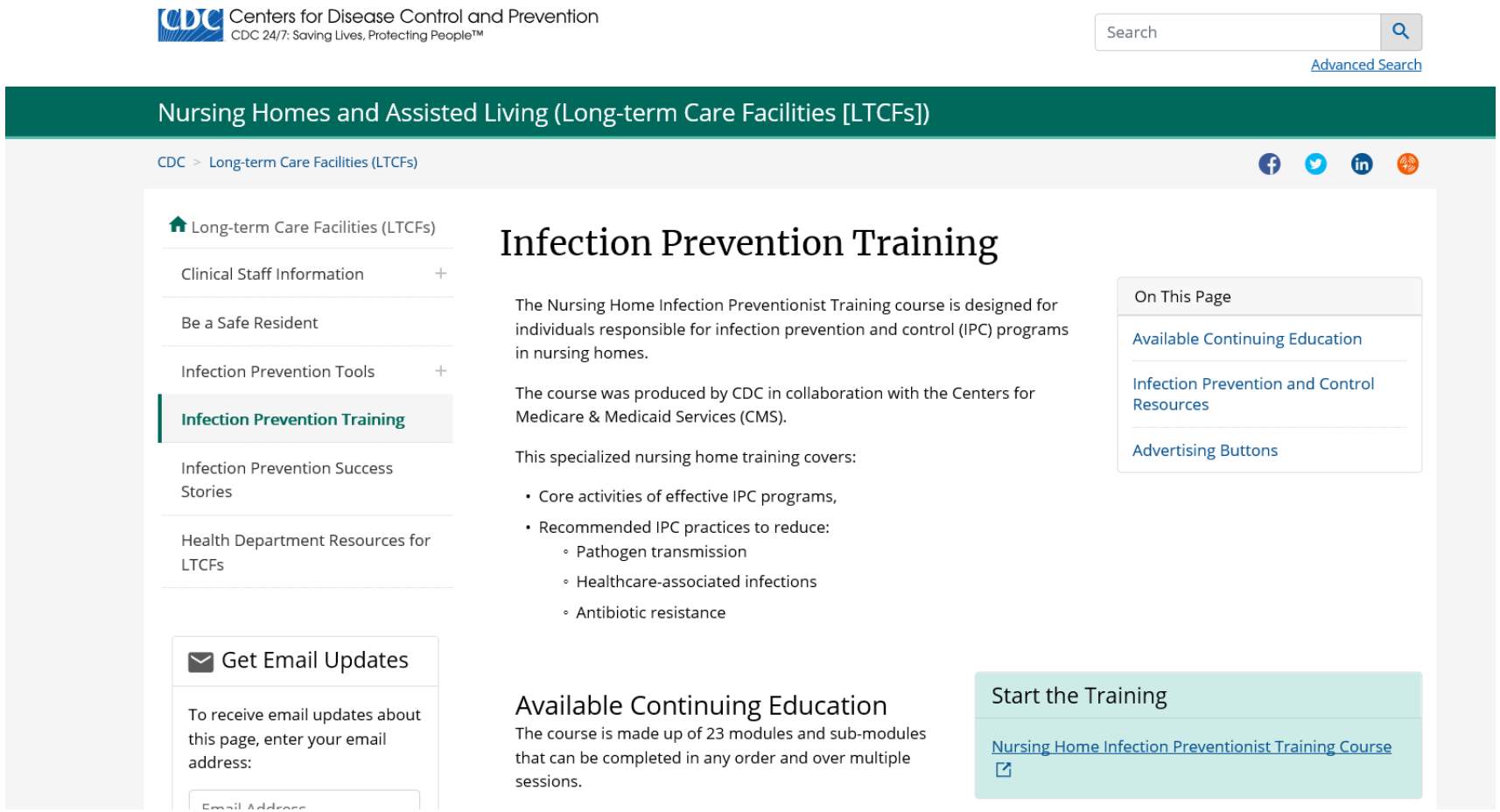
If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent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

Note: It is imperative that surveyors refer to the most recent information for COVID-19 testing parameters and frequency set forth by the

Training Opportunities



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CDC 24/7: Saving Lives, Protecting People™

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Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])

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Infection Prevention Training

The Nursing Home Infection Preventionist Training course is designed for individuals responsible for infection prevention and control (IPC) programs in nursing homes.

The course was produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS).

This specialized nursing home training covers:

- Core activities of effective IPC programs,
- Recommended IPC practices to reduce:
  - Pathogen transmission
  - Healthcare-associated infections
  - Antibiotic resistance

On This Page

Available Continuing Education

Infection Prevention and Control Resources

Advertising Buttons

Available Continuing Education

The course is made up of 23 modules and sub-modules that can be completed in any order and over multiple sessions.

Start the Training

Nursing Home Infection Preventionist Training Course

FLIS Highlights

- Focus Infection Control (FIC) Surveys
  - Greater than 3,000 FIC surveys have been conducted
  - 321 Infection Control deficiencies have been cited
    - F880 (297)
      - PPE: Source control
      - Break rooms
      - Donning and doffing
    - F885 (1)
      - §483.80(g) COVID-19 reporting. The facility must-
      - §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must-
        - (i) Not include personally identifiable information;
        - (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and
        - (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.
    - F886 (23)
      - Testing: 100% of facility personnel must be tested

Enforcement

- Deficiency statements
- Plan of Correction
- Federal remedies
- Violation letters
- Civil penalty citations
- Summary orders
- Actions against license
- Receivership

Questions